



Automated Medical Payments

Medicaid Bulletin Colorado Title XIX

Fiscal Agent



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Medicaid bulletins contain important policy and billing information and should be shared promptly with billing staff.

Bulletins supplement information in the Medicaid Provider Manual and should be retained with the provider manual for reference. Retain all bulletins until published notification advises that the information is obsolete or reproduced in subsequent bulletins or provider manual updates.

Please direct questions about bulletins and billing information to Medicaid Provider Services.

Distribution: Supply and Pharmacy Providers

March 2003

Reference: B0300153

Equipment, Supply, Orthotic & Prosthetic CMS and Local Codes

The Colorado Medicaid Program uses the Centers for Medicare and Medicaid Services (CMS), formerly the Health Care Financing Administration's (HCFA), Common Procedural Coding System (HCPCS) to identify Medicaid services.

This is the CMS and local code bulletin for Supply and Durable Medical Equipment (DME) services. The codes in this bulletin are **effective for services provided on and after January 1, 2003**. This document is a replacement of Medicaid Bulletin B0200121 (02/02) Insert this bulletin into the Provider Manual for reference. Coding updates and revisions will also be published in Medicaid bulletins.

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Use of the HCPCS listing & special billing instructions

The following list of HCPCS (HCFA Common Procedural Coding System) codes has been approved by the Colorado Department of Health Care Policy and Financing for use in submitting claims for medical supplies and durable medical equipment (DME) to the Colorado Medicaid Program. Use this list when completing Medicaid claims. Updates and revisions will be made available through future Medicaid Bulletins.

Read the following information carefully:

A. General Billing Information

- AMP claims: Supply/DME services are submitted on the electronic Colorado 1500 format.
Pharmacies billing for supplies/equipment submit on the electronic Colorado 1500 format.
- Paper claims: Supply/DME services are submitted on the Colorado 1500 claim form.
Pharmacies billing for supplies/equipment submit on the Colorado 1500 claim form.

Most DME and medical supplies provided to hospitalized individuals, persons residing in nursing facilities or group homes, and dialysis facilities must be provided by the facility and cannot be submitted for direct payment to the medical supplier or pharmacy. Charges for oxygen contents and certain oxygen delivery systems for nursing facility and group home residents must be billed by the supply provider. Procedure codes for oxygen services provided to nursing facility residents are included in this list.

B. Capped Rental

1. Deleted procedure codes for capped rental items remain in effect for Medicare x-over claims only. These procedure codes should not be used except for paid x-over claims.
2. Medicaid does not pay for any charges after Medicare has paid for purchase or capped rental of durable medical equipment.
3. Rebates: If a rebate is available for any product, the provider is responsible for doing one of the following:
 - Instant: Cost must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.
 - Mail-in: Obtainable by mail shall indicate the purchaser to be the:

Colorado Medicaid Program
1575 Sherman Street
Denver CO 80203-1714

1. Medicaid processes maintenance charges for capped rental or purchased items approved by Medicare.

State sales tax: Providers cannot bill for state sales tax collection, but may bill for recovery of sales tax paid to manufacturer and distributors.

C. Billing for "Fee Schedule" Services

Under Federal Law and State Regulations, providers are reminded that the Medicaid Program shall not be billed amounts in excess of that charged to non-Medicaid clients (42 CFR 447).

Providers are requested to submit their Usual and Customary charges to the Medicaid Program.

D. Billing for "By Invoice" Services

Providers submitting claims for which acquisition costs will be utilized as a basis for reimbursement are subject to the following requirements:

- Billed amounts may not exceed the actual acquisition costs of the item.
- Actual acquisition costs are defined as the manufacturer's list price for the item less any standard trade discount applied to lower the actual cost to the provider but excluding any time sensitive or otherwise conditional discounts available to the provider.
- Copies of invoices documenting actual acquisition costs shall be maintained in the provider's files in accordance with Department regulations.

Failure to meet the requirements may place the provider in jeopardy of recovery actions and/or State or Federal civil sanctions. Misrepresentation of actual acquisition costs could result in State or Federal, civil, or criminal sanctions.

REQUIREMENTS FOR WHEELCHAIR PURCHASE & EQUIPMENT REPAIRS

Important - prior authorization requests and claims for wheelchair purchase and equipment repair require the following:

1. Prior authorization requests (PARs) for wheelchair purchase (manual, power or 3-wheeled) must identify the model and manufacturer in field 16 on the PAR form.
2. PARs for equipment repair must identify the serial number of the equipment in field 12 on the PAR form.

Wheelchair purchase or equipment repair claims must either identify the serial number in field 30 on the paper claim, or if billing through the AMP system, the serial number must be kept in the provider records. A physician's prescription is no longer required for wheelchair repairs, and no physician signature is required on repair PARs.

HCPCS CODING INFORMATION**Code column:**

CMS and local codes consist of a letter followed by four numbers. Read the entire entry to determine the benefit status of the item. Codes authorized for the Medicaid program may not correspond to codes approved for Medicare billing. This list contains approved Medicaid, CMS and local codes. Codes that do not appear in this listing are not benefits of the Medicaid program.

Modifiers:

Modifiers are used with HCPCS codes to describe circumstances that may change or alter payment. The following modifiers are approved for use with DME procedure codes and must be used when applicable:

| Mod | Description | | | | | | | | | | | | | | | | | | | | |
|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|----------|--------------------------------|----------|----------|----------|-------------------------------------------|----------|----------|----------|------------------------------------------|----------|----------|----------|-----------------------------------------------|----------|----------|----------|-----------------------------------------------------------------|----------|
| -XD | <p>Manufacturer's Invoice Price</p> <p>Use with supply/DME codes & special procedure codes for invoiced tax, shipping & handling fees when the billed charge represents the manufacturer's invoice price to a retail provider. Use -XD to identify invoiced shipping, invoiced tax, and the 20% Medicaid allowed handling fee.</p> <p>For example:</p> <table> <tbody> <tr> <td>MM/DD/YY</td> <td>K0002-XD</td> <td>Wheelchair (Cost from invoice)</td> <td>\$450.00</td> </tr> <tr> <td>MM/DD/YY</td> <td>X2125-XD</td> <td>Linear Seating System (Cost from invoice)</td> <td>\$800.00</td> </tr> <tr> <td>MM/DD/YY</td> <td>X2360-XD</td> <td>Handling (20% of cost for both items)</td> <td>\$250.00</td> </tr> <tr> <td>MM/DD/YY</td> <td>X2355-XD</td> <td>Invoiced tax (Invoiced tax for both items)</td> <td>\$ 82.00</td> </tr> <tr> <td>MM/DD/YY</td> <td>X2350-XD</td> <td>Invoiced shipping charges (Invoiced shipping for both items)</td> <td>\$100.00</td> </tr> </tbody> </table> | MM/DD/YY | K0002-XD | Wheelchair (Cost from invoice) | \$450.00 | MM/DD/YY | X2125-XD | Linear Seating System (Cost from invoice) | \$800.00 | MM/DD/YY | X2360-XD | Handling (20% of cost for both items) | \$250.00 | MM/DD/YY | X2355-XD | Invoiced tax (Invoiced tax for both items) | \$ 82.00 | MM/DD/YY | X2350-XD | Invoiced shipping charges (Invoiced shipping for both items) | \$100.00 |
| MM/DD/YY | K0002-XD | Wheelchair (Cost from invoice) | \$450.00 | | | | | | | | | | | | | | | | | | |
| MM/DD/YY | X2125-XD | Linear Seating System (Cost from invoice) | \$800.00 | | | | | | | | | | | | | | | | | | |
| MM/DD/YY | X2360-XD | Handling (20% of cost for both items) | \$250.00 | | | | | | | | | | | | | | | | | | |
| MM/DD/YY | X2355-XD | Invoiced tax (Invoiced tax for both items) | \$ 82.00 | | | | | | | | | | | | | | | | | | |
| MM/DD/YY | X2350-XD | Invoiced shipping charges (Invoiced shipping for both items) | \$100.00 | | | | | | | | | | | | | | | | | | |
| -XR | <p>1st month DME rental</p> <p>Use with DME codes to identify non-prior authorized 1st month equipment rental provided while obtaining prior authorization for continued rental or for purchase. When purchased, reduce the billed amount for purchase by rental reimbursements received.</p> | | | | | | | | | | | | | | | | | | | | |
| -01 | <p>DME rental on a per month basis.</p> <p>Unless otherwise noted in the Medicaid CMS & Local Codes Bulletin, one item represents one-month rental period. The claim date of service must represent the last day of the rental period.</p> <p>Note: Some items are available as a rental or purchase only. If the item is only available for rental, the HCPCS procedure code includes the -01 modifier as part of the listed code.</p> | | | | | | | | | | | | | | | | | | | | |
| -BO | Orally administered nutrition, not by feeding tube | | | | | | | | | | | | | | | | | | | | |

Narrative column:

A description of the service. When possible and appropriate, the description of the item includes a notation of the billing unit. Example: A4246 Betadine, per pint. One item represents one pint of Betadine. If the item description does not identify the billing unit for miscellaneous items, add sufficient information on the claim form to identify the billing unit. For disposable supplies, one billing unit represents one item unless otherwise noted. Example: A box of 200 lancets would be billed as 200 items.

PAR column: The prior authorization status of the identified item.

Yes A request for prior authorization should be submitted & approved **before the item/service is provided**. Claims for items that have not received prior authorization approval will be denied.

Note: Procedures identified by * (asterisk) are reviewed by CFMC (Colorado Foundation for Medical Care). Prior Authorizations for these items should be sent directly to CFMC at:

CFMC
Attention: Medicaid/DME PARs
P.O. Box 17300
Denver, CO 80217-0300

No The identified item is a regular Medicaid benefit that does not require special authorization when provided to an eligible Medicaid client.

Conditional The item requires prior authorization under certain circumstances. See the Comments section next to the item for an explanation of the circumstances.

Prior Authorization Requests (PARs) must be approved before claims are submitted. PAR approval does not guarantee Medicaid payment and does not serve as a timely filing waiver. PAR approval only assures that the service has been identified as medically necessary. All of the requirements for eligibility and proper claim submission must be met before reimbursement will be made. The provider is responsible for verifying the client's eligibility status on the date of service and securing appropriate primary care physician authorizations and billing information.

Prior authorization does not apply to Medicare X-over claims. If Medicare approves benefits, Medicaid does not require prior authorization. If the item is not a Medicare benefit, the claim must meet all Medicaid billing requirements including prior authorization, if applicable.

Maximum allowable purchase column:

Any dollar amount: Purchase benefit is available up to the identified dollar amount maximum.

BI: Benefit payment is available and based upon a manufacturer's invoice to be maintained in the provider's files. With proper claim completion, payment may include the cost of acquisition from a manufacturer or a wholesale vendor, and an allowance of up to 20% handling plus any invoiced shipping and sales tax. By invoice codes require the -XD modifier.

n/a: Benefit for purchase of the identified item is not allowed.

Maximum allowable rental column:

Any dollar amount: Rental benefit is available up to the identified dollar amount maximum. Accessories, maintenance, and repairs are inclusive in the cost of the rental item.

n/a: Benefit for rental of the identified item is not allowed.

Per PAR: Rental payment is based upon attachment of a manufacturer's invoice to the prior authorization request (PAR). Reimbursement will be determined at the time of PAR approval as a percentage of invoice cost. A copy of the PAR must be attached to each submitted claim only if the PAR indicates the amount of reimbursement allowable in the Comments field. Otherwise, they can be billed through the AMP system. All prior authorized miscellaneous codes approved for rental must have a copy of the approved PAR attached to each submitted claim.

Comments column:

Expands on the description and identifies any required special billing instruction and procedures requiring prior authorization. The notation "Deleted" means that the code is invalid effective the day following the date shown in the "Comments" column. Newly added codes become effective on the date shown. Procedure codes deleted effective 12/31/02 can be used only on Medicare X-over claims and PARs approved prior to 01/01/03.

CODES FOR DME INVOICE CHARGES

Use the following special procedure codes for invoiced tax, shipping & handling fees when the billed charge represents the manufacturer's invoice price to a retail provider.

| CODE | NARRATIVE | PAR | COMMENTS |
|-------|------------------------------------------------------|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X2350 | DME invoiced shipping | No | Use to bill shipping charge shown on invoiced DME Item. Bill the shipping charge shown on the manufacturer's invoice. |
| X2355 | DME invoiced tax | No | Use to bill tax that supplier paid to obtain the DME item. Bill the tax amount shown on the manufacturer's invoice. Sales tax is not billable to the Colorado Medicaid program. |
| X2360 | DME handling fee, 20% of manufacturer's invoice cost | No | Use to bill supplier's handling fee for the DME item. Bill up to 20% of the DME cost shown on the manufacturer's invoice. |

The following listing is divided into sections to assist providers who bill for specific types of service. If you have questions about billing or the use of the listing, please contact Medicaid Provider Services.

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|------------------------------------------------|---------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|-------------------|
| <u>AMBULATION DEVICES – GENERAL USE</u> | | | | | |
| <u>Canes</u> | | | | | |
| E0100 | Cane, all materials, adjustable or fixed with tip | No | 17.89 | n/a | |
| E0105 | Cane, quad or three prong, all materials, adjustable or fixed with tips | No | 37.43 | 10.63 | |
| <u>Crutches</u> | | | | | |
| E0110 | Crutches, forearm, all materials, adjustable or fixed, complete with tips & handgrips, pair | No | 93.41 | n/a | 1 item = 1 pair |
| E0111 | Crutches, forearm, all materials, adjustable or fixed, with tip & handgrip, each | No | 48.98 | n/a | 1 item = 1 crutch |
| E0112 | Crutches, underarm, wood, adjustable or fixed, with pads, tips & handgrips, pair | No | 33.25 | 13.07 | 1 item = 1 pair |
| E0113 | Crutches, underarm, wood, adjustable or fixed, with pad, tip & handgrip, each | No | 16.63 | 6.54 | 1 item = 1 crutch |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|-------------------------------------------|
| E0114 | Crutches, underarm, other than wood, adjustable or fixed, pair with pads, tips and handgrips | No | 36.42 | 13.07 | 1 item = 1 pair |
| E0116 | Crutch, underarm, other than wood, adjustable or fixed, each with pad, tip and handgrips | No | 18.20 | n/a | 1 item = 1 crutch |
| E0117 | Crutch, underarm, articulating, spring assisted, each | Yes | BI | BI | Effective 01/01/03. 1 item = 1 crutch. |
| <u>Walkers</u> | | | | | |
| E0130 | Walker, rigid (pickup), adjustable or fixed height, each | No | 49.88 | n/a | |
| E0135 | Walker, folding (pickup), adjustable or fixed height, each | No | 69.64 | n/a | |
| E0141 | Rigid walker, wheeled, without seat | No | 104.47 | n/a | |
| E0142 | Walker, rigid, wheeled, with seat, each | No | 155.81 | n/a | |
| E0143 | Walker, folding, wheeled, without seat, each | No | 108.95 | n/a | |
| E0144 | Enclosed, framed folding walker, wheeled, with posterior seat | Yes | 288.56 | n/a | |
| E0145 | Walker, wheeled, with seat & crutch attachments, each | No | 49.40 | n/a | |
| E0146 | Folding walker, wheeled, with seat | No | 49.40 | n/a | |
| E0147 | Walker, heavy duty, variable wheel resistance with multiple braking system, each | Yes | 227.05 | n/a | |
| E0148 | Heavy duty walker, without wheels, rigid or folding, any type, each | Yes | BI | n/a | |
| E0149 | Heavy duty wheeled walker, rigid or folding, any type, each | Yes | BI | n/a | |
| <u>Accessories for ambulation devices</u> | | | | | |
| A4635 | Underarm pad replacement, crutch, each | No | 4.35 | n/a | |
| A4636 | Handgrip replacement, cane, crutch or walker, each | No | 3.81 | n/a | |
| A4637 | Tip replacement, cane, crutch or walker, each | No | 1.90 | n/a | |
| E0153 | Platform attachment, forearm crutch, each | No | 77.59 | n/a | |
| E0154 | Platform attachment, walker, each | No | 80.75 | n/a | |
| E0155 | Wheel attachment, rigid pick-up walker, per pair | No | 49.28 | n/a | 1 unit = 1 pair |
| E0156 | Seat attachment, walker, each | No | 31.35 | n/a | |
| E0157 | Crutch attachment, walker, each | No | 66.41 | n/a | |
| E0158 | Leg extensions for walker, per set of four (4) | No | 34.20 | n/a | 1 unit = 1 set of four (4) |
| E0159 | Brake attachment for wheeled walker, replacement, each | No | 42.75 | n/a | |
| <u>BATH AND BATHROOM EQUIPMENT - GENERAL USE</u> | | | | | |
| <u>Bath equipment</u> | | | | | |
| E0160 | Sitz type bath, portable, fits over commode seat, each | Yes | 20.44 | Per PAR | Limited to EPSDT program, up to age 20. |
| E0163 | Commode chair, stationary, with fixed arms, each | No | 76.00 | n/a | |
| E0164 | Commode chair, mobile, with fixed arms, each | Yes | 164.38 | 19.00 | |
| E0165 | Commode chair, stationary, with detachable arms, each | Yes | 199.50 | 19.95 | |
| E0166 | Commode chair, mobile, with detachable arms, each | Yes | 239.97 | 19.95 | |
| E0168 | Extra wide and/or heavy duty commode chair, stationary or mobile, with or without arms, any type, each | Yes | BI | n/a | |
| E0169 | Commode chair with seat lift mechanism | Yes | BI | n/a | |
| E0167 | Pail or pan for use with commode chair, each | No | 11.88 | n/a | Purchase for client owned equipment only. |
| E0175 | Foot rest, for use with commode chair, each | No | 76.30 | n/a | Purchase for client owned equipment only. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------|--------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| E0235 | Paraffin bath unit, portable, each | Yes | 123.38 | 11.88 | Use A4265 for paraffin. |
| E0241 | Bathtub wall rail, each | Yes | 19.31 | n/a | |
| E0242 | Bathtub rail, floor base, each | Yes | 118.75 | n/a | |
| E0243 | Toilet rail, each | Yes | 31.93 | n/a | |
| E0244 | Toilet seat, raised, each | Yes | 26.60 | n/a | |
| E0245 | Tub stool or bench, each | Yes | 47.50 | n/a | Use X2065 for transfer bench. |
| X2065 | Transfer bench, each | Yes | 88.83 | n/a | Use E0245 for tub stool or bench, unpadded. |
| X2072 | Tub stool or bench, padded, each | Yes | 159.60 | n/a | |
| X2074 | Transfer bench, padded, each | Yes | 166.25 | n/a | |
| X2076 | Toilet seat, padded, raised, each | Yes | 114.00 | n/a | |
| E0246 | Transfer tub rail attachment, each | Yes | 45.60 | n/a | |
| E0625 | Patient lift, kartop, bathroom or toilet, each | Yes | 760.00 | 57.51 | Lift for bathtub, includes seat |
| X2078 | Hand held shower | Yes | 31.35 | n/a | |
| X2079 | Shower commode chair | Yes | BI | n/a | |
| X2070 | Miscellaneous bath equipment not otherwise specified | Yes | BI | n/a | Must be submitted on paper. |
| | <u>Whirlpool equipment</u> | | | | |
| E1300 | Whirlpool, portable (over tub type) | Yes | 175.75 | n/a | |
| | <u>BED AND BEDROOM EQUIPMENT - GENERAL USE</u> | | | | |
| | <u>Beds</u> | | | | |
| E0194-01 | Bed, powered air flotation (low air loss therapy), per day | Yes | n/a | 86.02 | Air Fluidized, Clinitron. 1 item = 1 day rental. Includes all necessary disposable supplies. Requires Questionnaires #1 & #2. See Appendices E & F. |
| E0250 | Hospital bed, fixed height, with any type side rails, with mattress | Yes | 712.50 | 71.25 | Requires Questionnaire # 1. See Appendix E. |
| E0255 | Hospital bed, variable height, Hi-Lo, with any type side rails, with mattress | Yes | 712.50 | 71.25 | Requires Questionnaire # 1. See Appendix E. |
| E0260 | Hospital bed, semi-electric (head & foot adjustment), with any type side rails, with mattress | Yes | 997.50 | 106.40 | Requires Questionnaire # 1. See Appendix E. |
| E0265 | Hospital bed, total electric (head, foot & height adjustments) with any type side rails, with mattress | Yes | 997.50 | 106.40 | Requires Questionnaire # 1. See Appendix E. |
| E0270 | Hospital bed, institutional type includes: oscillating, circulating & stryker frame, with mattress | Yes | BI | 166.25 | Requires Questionnaire # 1. See Appendix E. |
| X2088-01 | Roto-electric bed, per day | Deleted | | | Deleted 12/31/02. |
| E0462-01 | Rocking bed with or without side rails, per day | Yes | n/a | 92.15 | 1 item = 1 day rental |
| E0280 | Bed, cradle, any type | Yes | 95.00 | 15.20 | |
| | <u>Mattresses & pads</u> | | | | |
| A4640 | Replacement pad for use with medically necessary alternating pressure pad owned by patient | Yes | 52.50 | n/a | Purchase for client owned equipment only. |
| E0179 | Dry pressure pad or cushion, non-positioning | No | 5.00 | n/a | e.g., Egg crate |
| E0180 | Pressure pad, alternating, with pump | Yes | 180.00 | 34.21 | Requires Questionnaire #2. See Appendix F. |
| E0181 | Pressure pad, alternating, with pump, heavy duty | Yes | 195.00 | 40.00 | Requires Questionnaire #2. See Appendix F. |
| E0182 | Pump for alternating pressure pad | Yes | 150.00 | 34.21 | |
| E0271 | Mattress, innerspring | Yes | 185.25 | 13.30 | Purchase for client owned hospital bed only. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------|-------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E0272 | Mattress, foam rubber | Yes | 178.42 | 13.30 | Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix F. |
| E0277 | Powered pressure-reducing air mattress | Yes | BI | Per PAR | Requires Questionnaire #2. See Appendix F. |
| E0184 | Mattress, dry flotation | Yes | 149.96 | 12.35 | Purchase for client owned hospital bed only. Requires Questionnaire #2. See Appendix F. |
| E0185 | Gel or gel-like pressure pad for mattress, standard mattress length and width | Yes | 237.50 | 12.35 | Requires Questionnaire #2. See Appendix F. |
| E0186 | Mattress, air pressure | Yes | BI | 12.35 | Purchase for client owned bed only. Requires Questionnaire #2. See Appendix F. |
| E0187 | Mattress, water pressure | Yes | BI | 12.35 | Purchase for client owned bed only. Requires Questionnaire #2. See Appendix F. |
| E0188 | Sheepskin pad, synthetic | Yes | 15.86 | n/a | |
| E0189 | Sheepskin pad, lambs wool, any size | Yes | BI | n/a | |
| E0191 | Heel or elbow protector, each | Yes | 11.23 | n/a | |
| E0192 | Low pressure and positioning equalization pad for wheelchair | Yes | 400.00 | n/a | |
| E0193-01 | Air fluidized bed, per day | Yes | n/a | 61.75 | Air loss bed. Jay, Roho, Stimulate, Therapulse, Kinaire, Flexicair. 1 item = 1 day rental. |
| E0196 | Mattress, Gel pressure | Yes | 332.50 | 12.35 | Purchase for client owned bed only. Requires Questionnaire #2. See Appendix F. |
| E0197 | Air pressure pad for mattress, standard mattress length and width | Yes | 237.50 | n/a | Requires Questionnaire #2. See Appendix F. |
| E0370 | Air pressure elevator for heel | Yes | BI | n/a | Requires Questionnaire #2. See Appendix F. |
| E0371 | Non-powered advanced pressure reducing overlay for mattress, standard mattress length and width | Yes | BI | n/a | Acucair, 1 st step. Requires Questionnaire #2. See Appendix F. |
| E0372 | Powered air overlay for mattress, standard mattress length and width | Yes | BI | n/a | Jay, Roho, Rik. Requires Questionnaire #2. See Appendix F. |
| E0373 | Non-powered advanced pressure reducing mattress | Yes | BI | n/a | Requires Questionnaire #2. See Appendix F. |
| E0198 | Water pressure pad for mattress, standard mattress length and width | Yes | BI | n/a | Geo mattress |
| E0199 | Dry pressure pad for mattress, standard mattress length and width | No | BI | n/a | |
| X2045 | Mattresses & pads, miscellaneous | Yes | BI | Per PAR | Must submit manufacturer's invoice with PAR. Rental and purchase based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Claim and PAR must be submitted on paper. Requires Questionnaire #2. See Appendix F. |
| | <u>Accessories/safety equipment</u> | | | | |
| E0273 | Bedboard | Yes | 95.00 | n/a | |
| E0275 | Bedpan, standard, metal or plastic | No | 9.50 | n/a | |
| E0276 | Bedpan, fracture, metal or plastic | No | 4.99 | n/a | |
| E0305 | Bed side rails, half length, pair | Yes | 166.25 | 16.15 | |
| E0310 | Bed side rails, full length, pair | Yes | 166.25 | 16.15 | |
| E0315 | Bed accessory: board, table, or support device any type | Yes | 95.00 | 16.15 | |
| E0316 | Safety enclosure frame/canopy for use with hospital bed, any type | Yes | BI | n/a | |
| E0325 | Urinal, male, jug-type, any material, each | No | 4.28 | n/a | |
| E0326 | Urinal, female, jug-type, any material, each | No | 7.60 | n/a | |
| E0700 | Safety equipment (e.g., belt, harness or vest) | Yes | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E0710 | Restraints, any type (body, chest, wrist or ankle) | Yes | BI | n/a | |
| | <u>Lifts</u> | | | | |
| E0621 | Sling or seat, patient lift, canvas or nylon | Yes | BI | n/a | Purchase for client owned equipment only. |
| E0625 | Patient lift, kartop, bathroom or toilet | Yes | 760.00 | 57.51 | Lift for bathtub, includes seat. |
| E0627 | Seat lift mechanism incorporated into a combination lift-chair mechanism | Yes | 546.25 | n/a | Requires Questionnaire # 4. See Appendix H. |
| E0628 | Separate seat lift mechanism for use with patient owned furniture, electric | Yes | BI | n/a | Purchase for client owned equipment only. Requires Questionnaire # 4. See Appendix H. |
| E0629 | Separate seat lift mechanism for use with patient owned furniture, non-electric | Yes | BI | n/a | Purchase for client owned equipment only. Requires Questionnaire # 4. See Appendix H. |
| E0630 | Patient lift, hydraulic, with seat or sling | Yes | 909.15 | 57.51 | Requires Questionnaire # 3. See Appendix G. |
| E0635 | Patient lift, electric, with seat or sling | Yes | BI | 52.25 | Requires Questionnaire # 3. See Appendix G. |
| E1035 | Multi-positional patient transfer system, with integrated seat operated by caregiver | Yes | BI | n/a | Requires Questionnaire # 3. See Appendix G. |
| | <u>Repairs/labor</u> | | | | |
| E1340 | Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes | Yes | 15.50 | n/a | Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) |
| X2230 | Labor, dealer preparation | Yes | 15.50 | n/a | Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 minutes. Annual maximum of 32 units or 8 hours of service. Use E1340 for general repairs beyond the initial product preparation. |
| X2975 | Repairs & labor to client owned equipment costing less than \$150.00 in a 6-month period | No | 150.00 | n/a | Quick minor repairs to DME products. In addition to labor, the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$150.00 every 6 months. Paper claims must include serial numbers. |

CHAIRS, WHEELCHAIRS, ACCESSORIES – GENERAL USE

Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item. **See Appendices A and B for brand and models appropriate for each code.** If a brand or model does not appear in Appendix A or B, follow Medicare procedures regarding weight and measurements to code appropriately.

Note: Deleted procedure codes effective 12/31/02 can only be used on Medicare X-over claims and PARs authorized prior to 01/01/03.

Requests for Prior Authorization of chairs and wheelchairs must include in Field 16 the manufacturer and the model number being requested. If not included, the PAR shall be considered incomplete, and will be returned to the provider for the missing information. If the PAR does not identify special billing instructions, the claim can be billed through the AMP system. If billing through the AMP system for an approved item, the provider must keep the serial number of the item provided in their records. If billing on a paper claim, the provider must include the serial number in Field 30 of the Colorado 1500 claim form. Requests for wheelchair accessories and wheelchair replacement parts and attachments must be sent to the Medicaid fiscal agent.

| <u>Chairs</u> | | | | | |
|----------------------|---------------------------------|-----|----|-----|---------------------|
| E1037 | Transport chair, pediatric size | Yes | BI | n/a | Effective 01/01/03. |
| E1038 | Transport chair, adult size | Yes | BI | n/a | Effective 01/01/03. |
| X2003 | Specialized stroller | Yes | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|---------------------------------------------------------------------------------------------------------|-------------|-----------------------|---------------------|----------------------------------------------------------------------------------------------------------|
| X2110 | Mulholland growth guidance chair | Deleted | | | Deleted 12/31/02. |
| | <u>Wheelchairs - motorized/powered vehicles</u> | | | | |
| E1230 | Power operated vehicle, three or four wheel non-highway | Yes | 2,100.00 | 123.50 | Must indicate brand name & model number in field 16 of the PAR. Paper claims must include serial number. |
| | <u>Wheelchair accessories</u> | | | | |
| | <i>Send PARs to the Medicaid Fiscal Agent for these items.</i> | | | | |
| A4631 | Replacement batteries for medically necessary electronic wheelchair owned by patient | No | 70.00 | n/a | Purchase for client owned equipment only. |
| E0176 | Air pressure pad or cushion, non-positioning | Yes | 100.72 | n/a | Must identify manufacturer in field 16 of the PAR. |
| E0177 | Water pressure pad or cushion, non-positioning | Yes | 88.46 | n/a | Must identify manufacturer in field 16 of the PAR. |
| E0178 | Gel or gel-like pressure pad or cushion, non-positioning | Yes | 115.74 | n/a | Must identify manufacturer in field 16 of the PAR. |
| E0180 | Pressure pad, alternating with pump | Yes | 180.00 | 34.21 | |
| E0181 | Pressure pad, alternating with pump, heavy duty | Yes | 195.00 | 40.00 | |
| E0182 | Pump for alternating pressure pad | Yes | 150.00 | 34.21 | |
| E0188 | Sheepskin pad, synthetic | Yes | 15.86 | n/a | |
| E0189 | Sheepskin pad, lambs wool, any size | Yes | BI | n/a | |
| E0191 | Heel or elbow protector, each | Yes | 11.23 | n/a | |
| E0192 | Low pressure & positioning equalization pad for wheelchair | Yes | 400.00 | n/a | Roho, Jay, Stimulate |
| X2100 | Cushion Covers | Yes | 52.00 | n/a | |
| E0710 | Restraints, any type (body, chest, wrist, ankle) | Yes | BI | n/a | |
| E0962 | Cushion, 1" for wheelchair | Yes | 56.74 | n/a | Foam |
| E0963 | Cushion, 2" for wheelchair | Yes | 68.71 | n/a | Foam |
| E0964 | Cushion, 3" for wheelchair | Yes | 68.71 | n/a | Foam |
| E0965 | Cushion, 4" for wheelchair | Yes | 68.71 | n/a | Foam |
| E0968 | Commode seat, wheelchair | Yes | BI | n/a | |
| E0969 | Narrowing device, wheelchair | Yes | 182.00 | n/a | For positioning. |
| E0977 | Wedge cushion for wheelchair | Yes | 53.03 | n/a | |
| E0980 | Safety vest | Yes | 80.00 | n/a | |
| E0997 | Caster with fork | Conditional | BI | n/a | PAR required for purchase but not required for repair. |
| E0998 | Caster without fork | Yes | BI | n/a | |
| E1014 | Reclining back, addition to pediatric wheelchair | Yes | BI | n/a | Effective 01/01/03. |
| E1069 | Deep cycle battery | Conditional | 70.00 | n/a | PAR required for purchase but not required for repair. |
| K0460 | Power add-on, to convert manual wheelchair to motorized wheelchair, joystick control | Yes | BI | n/a | |
| K0461 | Power add-on, to convert manual wheelchair to power operated vehicle, tiller control | Yes | BI | n/a | |
| E1011 | Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair) | Yes | BI | n/a | Effective 01/01/03 |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------|----------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E1340 | Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes | Yes | 15.50 | n/a | Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc). 1 unit = 15 minutes. Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) |
| X2230 | Labor, dealer preparation | Yes | 15.50 | n/a | Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 minutes. Annual maximum of 32 units or 8 hours of service. Use E1340 for general repairs beyond the initial product preparation. |
| X2975 | Repairs & labor to client owned equipment costing less than \$150.00 in a 6 month period | No | 150.00 | n/a | Quick minor repairs to DME products. In addition to labor, the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$150.00 every 6 months. Paper claims must include serial numbers. |
| K0462-01 | Temporary replacement for patient owned equipment being repaired, any type | Yes | n/a | 142.50 | |
| E1399 | Miscellaneous durable medical equipment | Yes | BI | Per PAR | Important , please note: Use only for miscellaneous equipment. Charges over \$35.00 require invoice. Rental benefit based upon attached manufacturer's invoice as a percentage of invoice cost. Copy of approved PAR must be attached to each submitted claim. Must be submitted on paper |

Wheelchair codes

Providers are instructed to submit the HCPCS code most closely describing the wheelchair or related equipment being requested on the Request for Prior Authorization form. The Department reserves the right to amend the coding for any approved item. See Appendix A for brand and models appropriate for each code. If a brand or model does not appear in Appendix A, follow Medicare procedures regarding weight and measurements to code appropriately.

| | | | | | |
|-------|----------------------------------------------------------------------------------------|-----|---------|-------|---------------------|
| E1161 | Manual adult size wheelchair, includes tilt-in- space | Yes | BI | n/a | Effective 01/01/03. |
| E1231 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seating system | Yes | BI | n/a | Effective 01/01/03. |
| E1232 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seating system | Yes | BI | n/a | Effective 01/01/03. |
| E1233 | Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seating system | Yes | BI | n/a | Effective 01/01/03. |
| E1234 | Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seating system | Yes | BI | n/a | Effective 01/01/03. |
| E1235 | Wheelchair, pediatric size, rigid, adjustable, with seating system | Yes | BI | n/a | Effective 01/01/03. |
| E1236 | Wheelchair, pediatric size, folding, adjustable, with seating system | Yes | BI | n/a | Effective 01/01/03. |
| E1237 | Wheelchair, pediatric size, rigid, adjustable, without seating system | Yes | BI | n/a | Effective 01/01/03. |
| E1238 | Wheelchair, pediatric size, folding, adjustable, without seating system | Yes | BI | n/a | Effective 01/01/03. |
| K0001 | Standard wheelchair | Yes | 571.73 | 50.00 | See Appendix A. |
| K0002 | Standard Hemi (low seat) wheelchair | Yes | 618.71 | 50.00 | See Appendix A. |
| K0003 | Lightweight wheelchair | Yes | 746.00 | 50.00 | See Appendix A. |
| K0004 | High strength, lightweight wheelchair | Yes | 800.00 | 55.00 | See Appendix A. |
| K0005 | Ultra lightweight wheelchair | Yes | 1500.00 | 55.00 | See Appendix A. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|----------------------------------------------|
| K0006 | Heavy duty wheelchair | Yes | 956.00 | 58.00 | Client greater than 200 lbs. See Appendix A. |
| K0007 | Extra heavy duty wheelchair | Yes | BI | 58.00 | Client greater than 300 lbs. See Appendix A. |
| K0009 | Other manual wheelchair/base | Yes | BI | n/a | Tilt in Space. See Appendix A. |
| K0010 | Standard - weight frame motorized/power wheelchair | Yes* | 4200.00 | 135.00 | See Appendix A. |
| K0011 | Standard - weight frame motorized/power wheelchair with programmable control parameters for speed adjustment, tremor dampening, acceleration control and braking | Yes* | 5052.00 | 135.00 | See Appendix A. |
| K0012 | Lightweight portable motorized/power wheelchair | Yes* | 4100.00 | 135.00 | See Appendix A. |
| K0014 | Other motorized/power wheelchair base | Yes* | BI | n/a | See Appendix A. |
| Wheelchair replacement parts and attachments | | | | | |
| <i>Send PARs to the Medicaid fiscal agent for these items.</i> | | | | | |
| K0015 | Detachable, non-adjustable height armrest, each | Yes | 173.31 | n/a | 1 item = 1 armrest |
| K0016 | Detachable, adjustable height armrest, complete assembly, each | Yes | 145.53 | n/a | 1 item = 1 armrest |
| K0017 | Detachable, adjustable height armrest, base, each | Yes | 92.80 | n/a | 1 item = 1 armrest |
| K0018 | Detachable, adjustable height armrest, upper portion each | Yes | 50.49 | n/a | 1 item = 1 armrest |
| K0019 | Arm pad, each | Yes | 14.00 | n/a | For repair only. 1 item = 1 arm pad |
| E1802 | Dynamic adjustable forearm pronation/supination device, includes soft interface material | Yes | BI | n/a | Effective 01/01/03. |
| K0020 | Fixed, adjustable height armrest, pair | Yes | 98.20 | n/a | 1 item = 1 pair |
| K0021 | Anti-tipping device, each | Deleted | | n/a | Deleted 12/31/02. See E0971. |
| E0971 | Anti-tipping device, wheelchair | Yes | 30.40 | n/a | 1 item 1 device |
| K0022 | Reinforced back upholstery | Yes | 60.00 | n/a | 1 item |
| K0023 | Solid back insert, planar back, single density foam, attached with straps | Yes | 89.75 | n/a | 1 item = 1 insert |
| K0024 | Solid back insert, planar back, single density foam, with adjustable hook-on hardware | Yes | 246.50 | n/a | 1 item = 1 insert |
| K0025 | Hook-on headrest extension | Yes | 65.00 | n/a | 1 item = 1 extension |
| K0026 | Back upholstery for ultra lightweight or high strength lightweight wheelchair | Yes | 68.85 | n/a | 1 item = 1 upholstery |
| K0027 | Back upholstery for wheelchair type other than ultra lightweight or high strength lightweight wheelchair | Yes | 47.20 | n/a | 1 item = 1 upholstery |
| K0028 | Manual, fully reclining back | Yes | BI | 26.45 | 1 item |
| K0029 | Reinforced seat upholstery | Yes | 60.00 | n/a | 1 item |
| K0030 | Solid seat insert, planar seat, single density foam | Yes | 87.79 | n/a | 1 item = 1 insert |
| X2105 | Hook in solid seat insert | Yes | BI | n/a | 1 item = 1 insert. |
| K0031 | Safety belt/pelvic strap, each | Yes | 29.00 | n/a | 1 item = 1 strap |
| K0032 | Seat upholstery for ultra lightweight or high strength lightweight wheelchair | Yes | 76.90 | n/a | 1 item = 1 upholstery |
| K0033 | Seat upholstery for wheelchair type other than ultra lightweight or high strength lightweight wheelchair | Yes | 47.20 | n/a | 1 item = 1 upholstery |
| K0034 | Heel loop, each | Deleted | | | Deleted 12/31/02. See E0951. |
| E0951 | Loop heel, each | Yes | 14.25 | n/a | 1 item = 1 heel loop |
| K0035 | Heel loop with ankle strap, each | Yes | 24.71 | n/a | 1 item = 1 heel loop with ankle strap |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|---------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|---------------------|-----------------------------------------------------------------------------|
| K0036 | Toe loop, each | Yes | 15.00 | n/a | 1 item = 1 toe loop |
| K0037 | High mount flip-up footrest, each | Yes | 170.00 | n/a | 1 item = 1 leg strap |
| K0038 | Leg strap, each | Yes | 26.35 | n/a | 1 item = 1 leg strap |
| K0039 | Leg strap, H style, each | Yes | 45.00 | n/a | 1 item = 1 leg strap |
| K0040 | Adjustable angle footplate, each | Yes | 80.20 | n/a | 1 item = 1 footplate |
| K0041 | Large size footplate, each | Yes | 50.47 | n/a | 1 item = 1 footplate |
| K0042 | Standard size footplate, each | Yes | 35.00 | n/a | 1 item = 1 footplate |
| K0043 | Footrest, lower extension tube, each | Yes | 19.07 | n/a | For repair only. |
| K0044 | Footrest, lower extension bracket, each | Yes | BI | n/a | For repair only. |
| K0045 | Footrest, complete assembly | Yes | 132.15 | n/a | |
| K0046 | Elevating leg rest, lower extension tube, each | Yes | 18.55 | n/a | For repair only. |
| K0047 | Elevating leg rest, upper hanger bracket, each | Yes | 165.77 | n/a | For repair only. |
| K0048 | Elevating leg rest, complete assembly | Yes | BI | n/a | 1 item = 1 leg rest |
| K0049 | Calf pad, each | Yes | 25.00 | n/a | 1 item = 1 calf pad |
| K0050 | Ratchet assembly | Yes | 24.40 | n/a | For repair only. |
| K0051 | Cam release assembly, footrest or leg rest, each | Yes | 10.93 | n/a | For repair only. |
| K0052 | Swingaway, detachable footrests, each | Yes | 62.30 | n/a | New or repair. |
| K0054 | Seat width of 10", 11", 12", 15", 17", or 20" for a high strength, lightweight or ultra lightweight wheelchair | Yes | BI | n/a | |
| K0055 | Seat depth of 15", 17", or 18" for a high strength, lightweight or ultra lightweight wheelchair | Yes | BI | n/a | |
| K0056 | Seat height < 17" or equal to or greater than 21" for a high strength, lightweight, or ultra lightweight wheelchair | Yes | BI | n/a | |
| K0057 | Seat width 19" or 20" for heavy duty or extra heavy duty chair | Yes | BI | n/a | |
| K0058 | Seat depth 17" or 18" for motorized/power wheelchair | Yes | BI | n/a | |
| K0059 | Plastic coated handrim, each | Yes | 72.37 | n/a | |
| K0060 | Steel handrim, each | Yes | 52.20 | n/a | For repair only. |
| K0061 | Aluminum handrim, each | Yes | 64.90 | n/a | For repair only. |
| K0062 | Handrim with 8-10 vertical or oblique projections, each | Yes | 97.50 | n/a | 1 item = 1 handrim |
| K0063 | Handrim with 12-16 vertical or oblique projections, each | Yes | 97.50 | n/a | 1 item = 1 handrim |
| K0064 | Zero pressure tube (flat free inserts), any size, each | Conditional | BI | n/a | PAR required for purchase but not required for repair. |
| K0065 | Spoke protectors, each | Yes | 86.93 | n/a | 1 item = 1 spoke protector |
| K0066 | Solid tire, any size, each | Conditional | 50.00 | n/a | PAR required for purchase but not required for repair. |
| K0067 | Pneumatic tire, any size, each | Conditional | 22.50 | n/a | PAR required for purchase but not required for repair. |
| K0068 | Pneumatic tire tube, each | Conditional | 10.50 | n/a | PAR required for purchase but not required for repair. |
| K0069 | Rear wheel assembly, complete, with solid tire, spokes or molded, each | Conditional | 150.00 | n/a | PAR required for purchase but not required for repair. |
| K0070 | Rear wheel assembly, complete, with pneumatic tire, spokes or molded, each | Conditional | 187.50 | n/a | PAR required for purchase but not required for repair. 1 item = 1 assembly. |
| K0071 | Front caster assembly, complete, with pneumatic tire, each | Conditional | BI | n/a | PAR required for purchase but not required for repair. 1 item = 1 assembly. |
| K0072 | Front caster assembly, complete, with semi-pneumatic tire, each | Conditional | BI | n/a | PAR required for purchase but not required for repair. 1 item = 1 |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|---------------------------------------------------------------------------------------------|-------------|-----------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | | assembly. |
| K0073 | Caster pin lock, each | No | 87.67 | n/a | 1 item = 1 pin. |
| K0074 | Pneumatic caster tire, any size, each | Conditional | 18.00 | n/a | PAR required for purchase but not required for repair. 1 item = 1 tire. |
| K0075 | Semi-pneumatic caster tire, any size, each | Conditional | 27.30 | n/a | PAR required for purchase but not required for repair. 1 item = 1 tire. |
| K0076 | Solid caster tire, any size, each | Conditional | 14.77 | n/a | PAR required for purchase but not required for repair. 1 item = 1 tire. |
| K0077 | Front caster assembly, complete, with solid tire, each | Conditional | BI | n/a | PAR required for purchase but not required for repair. 1 item = 1 tire. |
| K0078 | Pneumatic caster tire tube, each | Conditional | 8.05 | n/a | PAR required for purchase but not required for repair. 1 item = 1 tire tube. |
| K0079 | Wheel lock extension, pair | Yes | 40.00 | n/a | 1 item = 1 pair |
| K0080 | Anti-rollback device, pair | Yes | 90.00 | n/a | 1 item = 1 device |
| K0081 | Wheel lock assembly, complete, each | Yes | BI | n/a | For repair only. |
| K0082 | 22 NF non-sealed lead acid battery, each | Conditional | 78.00 | n/a | PAR required for purchase but not required for repair. |
| K0083 | 22 NF sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) | Conditional | 129.20 | n/a | PAR required for purchase but not required for repair. |
| K0084 | Group 24 non-sealed lead acid battery, each | Conditional | 87.73 | n/a | PAR required for purchase but not required for repair. |
| K0085 | Group 24 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) | Conditional | 158.10 | n/a | PAR required for purchase but not required for repair. |
| K0086 | U-1 non-sealed lead acid battery, each | Conditional | 72.00 | n/a | PAR required for purchase but not required for repair. |
| K0087 | U-1 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat) | Conditional | 102.20 | n/a | PAR required for purchase but not required for repair. |
| K0088 | Battery charger, single mode, for use with only one battery type, sealed or non-sealed | Conditional | 251.45 | n/a | PAR required for purchase but not required for repair. 1 item = 1 charger. Lead acid available only with repairs or replacement. If gel cell battery is being ordered with a new chair, also order dual mode charger. |
| K0089 | Battery charger, dual mode, for use with battery type, sealed or non-sealed | Conditional | 461.37 | n/a | PAR required for purchase but not required for repair. |
| K0090 | Rear wheel tire for power wheelchair, any size, each | Conditional | 34.00 | n/a | PAR required for purchase but not required for repair. |
| K0091 | Rear wheel tire tube other than zero pressure for power wheelchair, any size, each | Conditional | 12.00 | n/a | PAR required for purchase but not required for repair. |
| K0092 | Rear wheel assembly for power wheelchair, complete each | Yes | 30.00 | n/a | For repair only. |
| K0093 | Rear wheel, zero pressure tire tube (flat free insert) for power wheelchair, any size, each | Conditional | 30.00 | n/a | PAR required for purchase but not required for repair. |
| K0094 | Wheel tire for power base, any size, each | Conditional | BI | n/a | PAR required for purchase but not required for repair. |
| K0095 | Wheel tire tube other than zero pressure for each base, any size, each | Conditional | BI | n/a | PAR required for purchase but not required for repair. |
| K0096 | Wheel assembly for power base, complete, each | Yes | BI | n/a | For repair only. |
| K0097 | Wheel zero pressure tire tube (flat free insert) for power base, any size, each | Conditional | BI | n/a | PAR required for purchase but not required for repair. |
| K0098 | Drive belt for power wheelchair | Yes | 27.25 | n/a | For repair only. |
| K0099 | Front caster for power wheelchair, each | Yes | BI | n/a | For repair only. 1 item = 1 caster. |
| K0452 | Wheelchair bearings, any type | Conditional | 9.25 | n/a | PAR required for purchase but not required for repair. |
| X2115 | Stroller handle | Yes | BI | n/a | 1 item = 1 pair |
| X2117 | Weather Guard, each | Yes | 47.50 | n/a | 1 item = 1 weather guard |
| X2119 | Quick Release Axle | Yes | 62.67 | n/a | 1 item = 1 pair |
| K0100 | Wheelchair adapter for amputee, pair | Yes | BI | n/a | 1 item = 1 pair |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|---------------------------------------------------------------------------------|
| K0101 | One-arm drive attachment, each | Deleted | | | Deleted 12/31/02. See E0958. |
| E0958 | Wheelchair attachment to convert any wheelchair to one-arm drive | Yes | 484.50 | 64.13 | 1 item = 1 attachment |
| K0102 | Crutch and cane holder, each | Yes | 57.12 | n/a | 1 item = 1 crutch and cane holder |
| K0103 | Transfer board, < 25" | Yes | 52.50 | n/a | 1 item = 1 board |
| K0104 | Cylinder tank carrier, each | Yes | 136.00 | n/a | 1 item = 1 carrier |
| K0105 | IV hanger, each | Yes | 125.00 | n/a | 1 item = 1 IV hanger |
| K0106 | Arm trough, each | Yes | 102.21 | n/a | 1 item = 1 arm trough |
| K0107 | Wheelchair tray | Yes | BI | n/a | 1 item = 1 tray |
| K0551 | Residual limb support system, solid base with adjustable drop hooks, mounts to wheelchair frame, each | Deleted | | | Deleted 12/31/02. See E1020. |
| E1020 | Residual limb support system for wheelchair | Yes | BI | n/a | Effective 01/01/03. |
| K0108 | Wheelchair component or accessory, not otherwise specified | Yes | BI | n/a | Specific accessory must be identified on PAR. Claim must be submitted on paper. |
| K0109 | Customization of wheelchair base frame (options or accessories) | Yes | BI | n/a | Claim must be submitted on paper. |
| E1015 | Shock absorber for manual wheelchair, each | Yes | BI | n/a | Effective 01/01/03. 1 item = 1 shock absorber |
| E1016 | Shock absorber for power wheelchair, each | Yes | BI | n/a | Effective 01/01/03. 1 item = 1 shock absorber |
| E1017 | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each | Yes | BI | n/a | Effective 01/01/03. 1 item = 1 shock absorber |
| E1018 | Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each | Yes | BI | n/a | Effective 01/01/03. 1 item = 1 shock absorber |
| | <u>Support systems</u> | | | | |
| K0112 | Trunk support device, vest type, with inner frame, prefabricated | Yes | BI | n/a | 1 item = 1 device |
| K0113 | Trunk support device, vest type, without inner frame, prefabricated | Yes | BI | n/a | 1 item = 1 device |
| K0114 | Back support system for use with a wheelchair, with inner frame, prefabricated | Yes | BI | n/a | Jay, Jay 2 Back, Personal Back |
| K0115 | Orthotic seating system, back module, posteriorlateral control, with or without lateral supports, custom fabricated for attachment to wheelchair base | Yes | BI | n/a | |
| K0116 | Orthotic seating system, combined back and seat module, custom fabricated for attachment to wheelchair base | Yes | BI | n/a | Pin dot matrix |
| X2125 | Linear seating system | Yes | BI | n/a | |
| E1012 | Integrated seating system, planar, for pediatric wheelchair | Yes | BI | n/a | Effective 01/01/03. |
| E1013 | Integrated seating system, contoured, for pediatric wheelchair | Yes | BI | n/a | Effective 01/01/03. |
| E1025 | Lateral thoracic support, non-contoured, for pediatric wheelchair, each (includes hardware) | Yes | BI | n/a | Effective 01/01/03. |
| E1026 | Lateral thoracic support, contoured, for pediatric wheelchair, each (includes hardware) | Yes | BI | n/a | Effective 01/01/03. |
| E1027 | Lateral/anterior support, for pediatric wheelchair, each (includes hardware) | Yes | BI | n/a | Effective 01/01/03. |

Note: Deleted procedure codes effective 12/31/02 can only be used on Medicare crossover claims and PARs authorized prior to 01/01/03.

COCHLEAR EQUIPMENT & SUPPLIES

| | | | | | |
|-------|---------------------------------------------------------|------|----|-----|--|
| L8619 | Cochlear implant external speech processor, replacement | Yes* | BI | n/a | |
|-------|---------------------------------------------------------|------|----|-----|--|

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|------|-----------|-----|-----------------------|---------------------|----------|
|------|-----------|-----|-----------------------|---------------------|----------|

DIABETIC MONITORING EQUIPMENT & SUPPLIES

Glucometers – Benefit is limited to a basic model.

Providers are requested to submit their Usual and Customary charge to the Medicaid Program.

Under Federal Law and State Regulations, providers are reminded that the Medicaid Program shall not be billed in excess of that charged to non-Medicaid clients.

Rebates: If a rebate is available, the provider is responsible for doing one of the following:

Instant: Cost must reflect Usual and Customary charge minus the rebate received or anticipated from the manufacturer.

Mail-In: Rebate obtainable by mail shall indicate the purchaser to be the: Colorado Medicaid Program
1575 Sherman Street
Denver CO 80203-1714

| | | | | | |
|-------|-------------------------------------------------------------------------------------------------------------------|---------|---------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A4206 | Syringe with needle, sterile, 1 cc, each | No | .14 | n/a | Use for diabetic syringes. All syringes must be billed on the supply claim form. 1 item = 1 syringe. |
| A4230 | Infusion set for external insulin pump, non needle cannula type | Yes | BI | n/a | |
| A4231 | Infusion set for external insulin pump, needle type | Yes | BI | n/a | |
| E0607 | Home blood glucose monitor | No | 47.50 | n/a | |
| E2100 | Blood glucose monitor with integrated voice synthesizer | Yes | BI | n/a | |
| E2101 | Blood glucose monitor with integrated lancing/blood sample | Yes | BI | n/a | |
| A4250 | Urine test or reagent strips or tablets, each | No | .48 | n/a | 1 item = 1 strip/tablet. Albusix |
| A4253 | Blood glucose test or reagent strips for home blood glucose monitor, per 50 strips | No | 31.50 | n/a | 1 item = 50 strips. Effective 04/01/03 |
| XX002 | Blood glucose test or reagent strip for home blood glucose monitor, per 25 strips | Deleted | | | Deleted 03/31/03. See A4253 |
| A4254 | Replacement battery, any type, for use with medically necessary home blood glucose monitor owned by patient, each | No | BI | n/a | 1 item = 1 replacement battery. |
| A4255 | Platforms for home blood glucose monitor, 50 per box | No | BI | n/a | 1 item = 50 per box. |
| A4258 | Spring-powered device for lancet, each | No | BI | n/a | 1 item = 1 device. |
| A4259 | Lancets, each | No | .10 | n/a | 1 item = 1 lancet. |
| A4772 | Blood glucose test strips, for dialysis, per 50 | No | .71 | n/a | 1 item = per 50. Also for diabetic use. |
| E0784 | External ambulatory infusion pump, insulin | Yes | 5103.14 | n/a | 1 item = 1 system |
| X2010 | Miscellaneous diabetic supplies not otherwise classified | Deleted | | | Deleted 03/31/03. See A4211 |
| A4211 | Supplies for self administered injection | No | 9.50 | n/a | Effective 1/1/03. Use specific codes when available. Charges greater than \$9.50 must attach manufacturer's invoice, description & amounts. Must be submitted on paper. |

DISPOSABLE SUPPLIES – GENERAL USE

Disposable supplies

Disposable supplies, including gloves, are a benefit of the Medicaid Program for use by the client in his/her home. With the exception of gloves, the Home Health agency is responsible for providing all supplies necessary to meet the OSHA universal precaution requirement during a visit.

Bill only per information in Comments column. Example: X2130 per 240 ml equals only 1 unit of service.

Antiseptics/solutions

| | | | | | |
|-------|------------------------------------|-----|------|-----|------------------|
| X2130 | Respiratory sterile saline; 240 ml | Yes | 6.16 | n/a | 1 item = 240 cc. |
| X2132 | Respiratory sterile saline; 90 ml | Yes | 4.73 | n/a | 1 item = 90 cc |
| A4244 | Alcohol or peroxide, per pint | Yes | .48 | n/a | 1 item = 1 pint. |
| A4245 | Alcohol wipes, each | No | .03 | n/a | 1 item = 1 wipe. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|--------------------------------|
| A4246 | Betadine, per pint | Yes | 3.33 | n/a | 1 item = 1 pint. |
| A4247 | Betadine or Iodine swabs/wipes, each | Yes | .12 | n/a | 1 item = 1 swab/wipe. |
| X2273 | Anti-microbial soap | Deleted | | | Deleted 12/31/02. See A6260 |
| X2134 | Antibiotic ointment | Yes | BI | n/a | 1 item = 1 oz. e.g., Neosporin |
| A4712 | Water, sterile, for injection, per 10 ml | Yes | 5.72 | n/a | 1 item = per 10 ml. |
| A4319 | Sterile water irrigation solution, 1000 ml | No | 7.32 | n/a | |
| First aid/dressings - See Appendix C for products and manufacturers appropriate for each code. | | | | | |
| A6025 | Silicone gel sheet, each | Yes | BI | n/a | 1 item = 1 sheet. |
| A6154 | Wound pouch, each | Yes | BI | n/a | 1 item = 1 pouch. |
| A6257 | Transparent film, 16 sq. in. or less, each dressing | Yes | 1.34 | n/a | |
| A6258 | Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | Yes | 2.54 | n/a | |
| A6259 | Transparent film, more than 48 sq. in., each dressing | Yes | BI | n/a | |
| A4200 | Gauze pad(s) sterile or non-sterile, medicated or non-medicated, each | Yes | .48 | n/a | |
| A6010 | Collagen based wound filler, dry form, per gram of collagen | Yes | BI | n/a | |
| A6011 | Collagen based wound filler, gel/paste, per gram of collagen | Yes | BI | n/a | Effective 01/01/03. |
| A6020 | Collagen based wound dressing, each dressing | Yes | BI | n/a | |
| A6021 | Collagen dressing, pad size 16 sq. in. or less, each | Yes | BI | n/a | |
| A6022 | Collagen dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each | Yes | BI | n/a | |
| A6023 | Collagen dressing, pad size more than 48 sq. in., each | Yes | BI | n/a | |
| A6024 | Collagen dressing wound filler, per 6 inches | Yes | BI | n/a | |
| A6200 | Composite dressing, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | BI | n/a | |
| A6201 | Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6202 | Composite dressing, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6216 | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | .06 | n/a | |
| A6217 | Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6218 | Gauze, non-impregnated, non-sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6219 | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes | .95 | n/a | |
| A6220 | Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6221 | Gauze, non-impregnated, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6402 | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | .12 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|-------------------|
| A6403 | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | .43 | n/a | |
| A6404 | Gauze, non-impregnated, sterile, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6222 | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | 1.14 | n/a | |
| A6223 | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | 1.47 | n/a | |
| A6224 | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | 1.28 | n/a | |
| A6228 | Gauze, impregnated, water or normal saline, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | BI | n/a | |
| A6229 | Gauze, impregnated, water or normal saline, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | 2.00 | n/a | |
| A6230 | Gauze, impregnated, water or normal saline, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6231 | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | Yes | BI | n/a | |
| A6232 | Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in. but less than or equal to 48 sq. in., each dressing | Yes | BI | n/a | |
| A6233 | Gauze, impregnated, hydrogel, for direct wound contact, pad size more than 48 sq. in., each dressing | Yes | BI | n/a | |
| A6264 | Gauze, non-elastic, non-sterile, per linear yard | Deleted | | | Deleted 12/31/02. |
| A6266 | Gauze, impregnated, other than water or normal saline, any width, per linear yard | Yes | 1.91 | n/a | |
| A6263 | Gauze, elastic, non-sterile, all types, per linear yard | Deleted | | | Deleted 12/31/02. |
| A6405 | Gauze, elastic, sterile, all types, per linear yard | Deleted | | | Deleted 12/31/02. |
| A6406 | Gauze, non-elastic, sterile, all types per linear yard | Deleted | | | Deleted 12/31/02. |
| A6242 | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | 5.80 | n/a | |
| A6243 | Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | 9.30 | n/a | |
| A6244 | Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6245 | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes | 7.24 | n/a | |
| A6246 | Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | Yes | 9.89 | n/a | |
| A6247 | Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| A6248 | Hydrogel dressing, wound filler, gel, per fluid ounce | Yes | 9.84 | n/a | |
| A6234 | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | 6.04 | n/a | |
| A6235 | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | 9.79 | n/a | |
| A6236 | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6237 | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes | 4.97 | n/a | |
| A6238 | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | Yes | 16.39 | n/a | |
| A6239 | Hydrocolloid dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6240 | Hydrocolloid dressing, wound filler, paste, per fluid ounce | Yes | 9.71 | n/a | |
| A6241 | Hydrocolloid dressing, wound filler, dry form, per gram | Yes | BI | n/a | |
| A6196 | Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing | Yes | 4.04 | n/a | |
| A6197 | Alginate or other fiber gelling dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | Yes | 16.39 | n/a | |
| A6198 | Alginate or other fiber gelling dressing, wound cover, pad size more than 48 sq. in., each dressing | Yes | BI | n/a | |
| A6199 | Alginate or other fiber gelling dressing, wound filler, per 6 inches | Yes | 5.26 | n/a | |
| A6203 | Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6204 | Composite dressing, pad size more than 16 sq. in. but less than or equal to 48 sq. in. with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6205 | Composite dressing, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6206 | Contact layer, 16 sq. in. or less, each dressing | Yes | BI | n/a | |
| A6207 | Contact layer, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | Yes | 7.32 | n/a | |
| A6208 | Contact layer, more than 48 sq. in., each dressing | Yes | BI | n/a | |
| A6209 | Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | 6.29 | n/a | |
| A6210 | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | 10.33 | n/a | |
| A6211 | Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6212 | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes | 6.46 | n/a | |
| A6213 | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| A6214 | Foam dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6215 | Foam dressing, wound filler, per gram | Yes | BI | n/a | |
| A6251 | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | Yes | 1.99 | n/a | |
| A6252 | Specialty absorptive dressing, wound cover; pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | Yes | 1.05 | n/a | |
| A6253 | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | Yes | BI | n/a | |
| A6254 | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | Yes | 1.22 | n/a | |
| A6255 | Specialty absorptive dressing, wound cover; pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6256 | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing | Yes | BI | n/a | |
| A6421 | Padding bandage, non-elastic, non-woven/non-knitted, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6422 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6424 | Conforming bandage, non-elastic, knitted/woven, non-sterile, width greater than or equal to 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6426 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6428 | Conforming bandage, non-elastic, knitted/woven, sterile, width greater than or equal to 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6430 | Light compression bandage, elastic, knitted/woven, load resistance less than 1.25 foot pounds at 50% maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6432 | Light compression bandage, elastic, knitted/woven, load resistance less than 1.25 foot pounds at 50% maximum stretch, width greater than or equal to 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6434 | Moderate compression bandage, elastic, knitted/woven, load resistance 1.25 to 1.34 foot pounds at 50% maximum stretch, width greater than or equal to 3 inches or less than 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6436 | High compression bandage, elastic, knitted/woven, load resistance greater than or equal to 1.35 foot pounds at 50% maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|-----------------------------------------------------------------------------------------|
| A6438 | Self-adherent bandage, -elastic, non-knitted non/woven, load resistance greater than or equal to 0.55 foot pounds at 50% maximum stretch, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 3 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6440 | Zinc paste impregnated bandage, non-elastic, knitted/woven, width greater than or equal to 3 inches and less than 5 inches, per roll (at least 10 yards, unstretched) | Yes | BI | n/a | Effective 01/01/03. |
| A6260 | Wound cleansers, any type, any size | Yes | BI | n/a | |
| A6261 | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | Yes | BI | n/a | |
| A6262 | Wound filler, dry form, per gram, not elsewhere classified | Yes | BI | n/a | |
| A4450 | Tape, non-waterproof, per 18 square inches | Yes | BI | n/a | Effective 01/01/03. |
| A4452 | Tape, waterproof, per 18 square inches | Yes | BI | n/a | Effective 01/01/03. |
| A4454 | Tape, all types, all sizes, per roll | Deleted | | | Deleted 12/31/02. See A4450, A4452. |
| A6265 | Tape, all types, per 18 sq. in. | Deleted | | | Deleted 12/31/02. See A4450, A4452. |
| A4455 | Adhesive remover or solvent, each | No | 7.08 | n/a | |
| A4460 | Elastic bandage, per roll | Deleted | | | Deleted 12/31/02. |
| A4464 | Joint supportive device/garment, elastic or equal, each | Deleted | | | Deleted 12/31/02. |
| A4462 | Abdominal dressing holder, each | No | 3.27 | n/a | 1 item = 1 holder |
| A4565 | Sling, each | No | 18.07 | n/a | |
| A4570 | Splint | No | 16.54 | n/a | |
| S8450 | Splint, prefabricated, digit (specify digit by use of modifier) | No | BI | n/a | |
| S8451 | Splint, prefabricated, wrist or ankle | No | BI | n/a | |
| S8452 | Splint, prefabricated, elbow | No | BI | n/a | |
| L4350 | Pneumatic ankle control splint, prefabricated, includes fitting and adjustment | No | 48.29 | n/a | |
| L4360 | Pneumatic walking splint ankle orthosis, with or without joints, prefabricated, includes fitting and adjustment | No | 161.43 | n/a | |
| L4370 | Pneumatic full leg splint, prefabricated, includes fitting and adjustment | No | 123.06 | n/a | |
| L4380 | Pneumatic knee splint, prefabricated, includes fitting and adjustment | No | 63.84 | n/a | |
| A4572 | Rib belt, each | Deleted | | | Deleted 12/31/02. See L0210. |
| L0210 | Thoracic rib belt, custom fitted | No | 15.49 | n/a | |
| A4649 | Miscellaneous surgical supply not otherwise classified | Yes | BI | n/a | Must attach manufacturer's invoice, amounts, & description. Must be submitted on paper. |
| A4561 | Pessary, rubber, any type | No | 28.50 | n/a | |
| A4562 | Pessary, non-rubber, any type | No | 30.00 | n/a | |
| X2136 | Suture removal tray | Yes | BI | n/a | |
| A4927 | Gloves, non-sterile, per 100 | Yes | .12 | n/a | 1 item = 100 gloves. |
| X2050 | Glove, sterile, each | Deleted | | | Deleted 12/31/02. See A4930. |
| A4930 | Gloves, sterile, per pair | Yes | 1.24 | n/a | Effective 01/01/03. 1 item = 1 pair. Limit 5 pair per day. |
| Y2820 | Sterile applicator, cotton, each | Yes | .07 | n/a | 1 item = 1 applicator, sterile only. |
| <u>Compression burn garment</u> | | | | | |
| A6501 | Compression burn garment, bodysuit (head to foot), custom fabricated | Yes | BI | n/a | Effective 01/01/03. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|----------------------------------------------|
| A6502 | Compression burn garment, chin strap, custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6503 | Compression burn garment, facial hood, custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6504 | Compression burn garment, glove to wrist, custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6505 | Compression burn garment, glove to elbow, custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6506 | Compression burn garment, glove to axilla, custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6507 | Compression burn garment, foot to knee length, custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6508 | Compression burn garment, foot to thigh length, custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6509 | Compression burn garment, upper trunk to waist including arm openings (vest), custom fabricated | Yes | BI | n/a | Effective 01/01/03 |
| A6510 | Compression burn garment, trunk, including arms down to leg openings (leotard), custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6511 | Compression burn garment, lower trunk including leg openings (panty), custom fabricated | Yes | BI | n/a | Effective 01/01/03. |
| A6512 | Compression burn garment, not otherwise classified | Yes | BI | n/a | Effective 01/01/03. |
| | <u>Ostomy care</u> | | | | |
| A4361 | Ostomy face plate, all sizes, each | No | 7.06 | n/a | 1 item = 1 faceplate. |
| A4384 | Ostomy faceplate equivalent, silicone ring, each | No | BI | n/a | 1 item = 1 faceplate, silicone ring |
| A4372 | Ostomy skin barrier; solid 4x4 or equivalent, with built-in convexity, each | No | 4.04 | n/a | 1 item = 1 skin barrier. |
| A4373 | Ostomy skin barrier; with flange (solid, flexible or accordion), with built-in convexity, any size, each | No | 6.46 | n/a | 1 item = 1 skin barrier. |
| A4374 | Ostomy skin barrier; with flange (solid, flexible or accordion), extended wear with built-in convexity, any size, each | Deleted | | | Deleted 12/31/02. See A4373. |
| A4386 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, any size, each | Deleted | | | Deleted 12/31/02. See A4409. |
| A4362 | Skin barrier, solid, 4x4 or equivalent, each | No | 2.96 | n/a | |
| A4385 | Ostomy skin barrier, solid 4x4 or equivalent, extended wear, without built-in convexity, each | No | 4.32 | n/a | 1 item = 1 skin barrier. |
| A6250 | Skin sealants, protectants, moisturizers, ointments, any type, any size | No | BI | n/a | |
| A4364 | Adhesive for ostomy or catheter, liquid (spray, brush, etc.), cement, powder or paste, any composition, per ounce | No | 2.37 | n/a | Silicone, latex. 1 item = 1 ounce. |
| A4365 | Adhesive remover wipes, any type, per 50 | No | 9.89 | n/a | 1 item = 1 box of 50. |
| A4367 | Ostomy belt, each | No | 7.17 | n/a | 1 item = 1 belt. |
| A4368 | Ostomy filter, any type, each | No | BI | n/a | 1 item = 1 filter. |
| A4398 | Ostomy irrigation supply; bag, each | No | 15.29 | n/a | 1 item = 1 bag. |
| A4399 | Ostomy irrigation supply; cone/catheter, including brush | No | 3.33 | n/a | 1 item = cone/catheter and brush |
| A4400 | Ostomy irrigation set, each | No | 21.58 | n/a | 1 item = 1 set. |
| A4402 | Lubricant, per ounce | No | .31 | n/a | KY Gel, Vaseline. 1 item = 1 ounce. |
| A4404 | Adhesive rings (washers, wafers, discs, etc.), each | No | 3.71 | n/a | 1 item = 1 ring. |
| A4405 | Ostomy skin barrier, non-pectin based, paste, per ounce | No | BI | n/a | Effective 01/10/03. 1 item = 1 ounce. |
| A4406 | Ostomy skin barrier, pectin based, paste, per ounce | No | BI | n/a | Effective 01/01/03. 1 item =1 ounce. |
| A4407 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, 4 X 4 inches or smaller, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 skin barrier. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------|
| A4408 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, with built-in convexity, larger than 4 X 4 inches, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 skin barrier. |
| A4409 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, 4 X 4 inches or smaller, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 skin barrier. |
| A4410 | Ostomy skin barrier, with flange (solid, flexible or accordion), extended wear, without built-in convexity, larger than 4 X 4 inches, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 skin barrier. |
| A4414 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, 4 X 4 inches or smaller, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 skin barrier. |
| A4415 | Ostomy skin barrier, with flange (solid, flexible or accordion), without built-in convexity, larger than 4 X 4 inches, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 skin barrier. |
| A4422 | Ostomy absorbent material (sheet/pad/crystal packet) for use in ostomy pouch to thicken liquid stomal output, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 packet. |
| A4421 | Miscellaneous ostomy supply not otherwise classified | No | 23.75 | n/a | Charges greater than \$23.75 must attach manufacturer's invoice, description & amounts. Claim must be submitted on paper. |
| A4394 | Ostomy deodorant for use in ostomy pouch, liquid, per fluid ounce | No | 2.33 | n/a | |
| A4395 | Ostomy deodorant for use in ostomy pouch, solid, per tablet | No | .38 | n/a | 1 item = 1 tablet |
| XX007 | Adhesive remover wipes, 50 per box | Deleted | | | Deleted 12/31/02. See A4365. |
| XX011 | Non-adhesive appliance disc, each | Deleted | | | Deleted 12/31/02. See A5126. |
| K0581 | Ostomy pouch, closed, with barrier attached, with filter (1 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0582 | Ostomy pouch, closed, with barrier attached, with built-in convexity, with filter (1 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0583 | Ostomy pouch, closed, without barrier attached, with filter (1 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0584 | Ostomy pouch, closed; for use on barrier with flange, with filter (2 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0585 | Ostomy pouch, closed; for use on barrier with locking flange (2 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0586 | Ostomy pouch, closed; for use on barrier with locking flange, with filter (2 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0587 | Ostomy pouch, drainable, with barrier attached, with filter (1 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0588 | Ostomy pouch, drainable; for use on barrier with flange, with filter (2 piece system), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0589 | Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0590 | Ostomy pouch, drainable; for use on barrier with locking flange (2 piece system), with filter, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| A5051 | Pouch, closed; with barrier attached (1 piece), each | No | 2.43 | n/a | 1 item = 1 pouch. |
| A4387 | Ostomy pouch, closed; with barrier attached, with built-in convexity (1 piece), each | No | BI | n/a | 1 item = 1 pouch. |
| A5052 | Ostomy pouch, closed; without barrier attached (1 piece), each | No | 2.75 | n/a | 1 item = 1 pouch. |
| A5053 | Ostomy pouch, closed; for use on faceplate, each | No | 1.91 | n/a | 1 item = 1 pouch. |
| A5054 | Ostomy pouch, closed; for use on barrier with flange, (2 piece) each | No | 1.06 | n/a | 1 item = 1 pouch (2 piece system) each. |
| A5055 | Stoma cap, each | No | 1.15 | n/a | 1 item = 1 cap. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|--------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------------------------------------|
| A5061 | Pouch, drainable, with barrier attached (1 piece), each | No | 3.51 | n/a | 1 item = 1 pouch. |
| A4388 | Ostomy pouch, drainable, with extended wear barrier attached, (1 piece), each | No | BI | n/a | 1 item = 1 pouch. |
| A4389 | Ostomy pouch, drainable, with barrier attached, with built-in convexity (1 piece), each | No | BI | n/a | 1 item = 1 pouch. |
| A5062 | Ostomy pouch, drainable; without barrier attached (1 piece), each | No | 3.14 | n/a | 1 item = 1 pouch. |
| A5063 | Ostomy pouch, drainable; for use on barrier with flange, (2 piece system), each | No | 2.28 | n/a | 1 item = 1 pouch (2 piece system) each |
| A4413 | Ostomy pouch, drainable, high output, for use on a barrier with flange (2 piece system), with filter, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| A4375 | Ostomy pouch, drainable, with faceplate attached, plastic, each | No | BI | n/a | 1 item = 1 pouch. |
| A4376 | Ostomy pouch, drainable, with faceplate attached, rubber, each | No | BI | n/a | 1 item = 1 pouch. |
| A4377 | Ostomy pouch drainable, for use on faceplate, plastic, each | No | BI | n/a | 1 item = 1 pouch. |
| A4378 | Ostomy pouch, drainable, for use on faceplate, rubber, each | No | BI | n/a | 1 item = 1 pouch. |
| A5071 | Ostomy pouch; urinary; with barrier attached (1 piece), each | No | 3.00 | n/a | 1 item = 1 pouch. |
| A4390 | Ostomy pouch, drainable, with extended wear barrier attached, with built-in convexity (1 piece), each | No | 6.51 | n/a | 1 item = 1 pouch. |
| A4391 | Ostomy pouch, urinary, with extended wear barrier attached, (1 piece), each | No | BI | n/a | 1 item = 1 pouch. |
| A4392 | Ostomy pouch, urinary, with standard wear barrier attached, with built-in convexity (1 piece), each | No | BI | n/a | 1 item = 1 pouch. |
| A4393 | Ostomy pouch, urinary, with extended wear barrier attached, with built-in convexity (1 piece), each | No | 8.12 | n/a | 1 item = 1 pouch. |
| A5072 | Ostomy pouch, urinary; without barrier attached (1 piece), each | No | 2.99 | n/a | 1 item = 1 pouch. (1 piece) each. |
| A5073 | Ostomy pouch, urinary; for use on barrier with flange, per (2 piece), each | No | 3.23 | n/a | 1 item = 1 pouch (2 piece) each. |
| A4381 | Ostomy pouch, urinary, for use on faceplate, plastic, each | No | 5.42 | n/a | 1 item = 1 pouch. |
| A4382 | Ostomy pouch, urinary, for use on faceplate, heavy plastic, each | No | BI | n/a | 1 item = 1 pouch. |
| A4383 | Ostomy pouch, urinary, for use on faceplate, rubber, each | No | BI | n/a | 1 item = 1 pouch. |
| A4379 | Ostomy pouch, urinary, with faceplate attached, plastic, each | No | BI | n/a | 1 item = 1 pouch. |
| A4380 | Ostomy pouch, urinary, with faceplate attached, rubber, each | No | BI | n/a | 1 item = 1 pouch. |
| K0591 | Ostomy pouch, urinary, with extended wear barrier attached, with faucet-type tap with valve (1 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0592 | Ostomy pouch, urinary, with barrier attached, with built-in convexity, with faucet-type tap with valve (1 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0593 | Ostomy pouch, urinary, with extended wear barrier attached, with built in convexity, with faucet-type tap with valve (1 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0594 | Ostomy pouch, urinary, with barrier attached, with faucet-type tap with valve (1 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0595 | Ostomy pouch, urinary; for use on barrier with flange, with faucet-type tap with valve (2 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| K0596 | Ostomy pouch, urinary; for use on barrier with locking flange (2 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|-------------------------------------------------------------------------------------------------------------|
| K0597 | Ostomy pouch, urinary; for use on barrier with locking flange, with faucet-type tap with valve (2 piece), each | No | BI | n/a | Effective 01/01/03. 1 item = 1 pouch. |
| A5081 | Continent device, plug for continent stoma, each | No | 2.77 | n/a | 1 item = 1 device. |
| A5082 | Continent device, catheter for continent stoma, each | No | 6.65 | n/a | 1 item = 1 catheter. |
| A5093 | Ostomy accessory, convex insert, each | No | 6.66 | n/a | 1 item = 1 insert. |
| A5102 | Bedside drainage bottle, with or without tubing rigid or expandable, each | No | 7.55 | n/a | 1 item = 1 bottle. |
| A5105 | Urinary suspensory, with leg bag, with or without tube, each | No | 53.25 | n/a | 1 item = 1 suspensory. |
| A5112 | Urinary leg bag, latex, each | No | 32.49 | n/a | 1 item = 1 bag. |
| A5113 | Leg strap; latex, replacement only, per set | No | .75 | n/a | 1 item = 1 set. |
| A5114 | Leg strap; foam or fabric, replacement only, per set | No | 6.62 | n/a | 1 item = 1 set. |
| A5119 | Skin barrier, wipes, each | No | .17 | n/a | 1 item = 1 wipe. |
| A5121 | Skin barrier, solid, 6x6 or equivalent, each | No | 10.74 | n/a | 1 item = 1 skin barrier. |
| A5122 | Skin barrier, solid, 8x8 or equivalent, each | No | 10.74 | n/a | 1 item = 1 skin barrier. |
| A5123 | Skin barrier, with flange (solid, flexible or accordion), any size, each | Deleted | | | Deleted 12/31/02. |
| A4369 | Ostomy skin barrier; liquid (spray, brush, etc.), per ounce | No | 1.66 | n/a | 1 item = 1 ounce. |
| A4370 | Ostomy skin barrier; paste, per ounce | Deleted | | | Deleted 12/31/02. See A4405-A4406. |
| A4371 | Ostomy skin barrier; powder, per ounce | No | 3.54 | n/a | 1 item = 1 ounce. |
| A5126 | Adhesive or non-adhesive disc or foam pad | No | 6.18 | n/a | 1 item = 1 pad. |
| A5131 | Appliance cleaner, incontinence or ostomy appliance, per ounce | No | .77 | n/a | 1 item = 1 ounce. |
| <u>Syringes & needles</u> | | | | | |
| A4206 | Syringe with needle, sterile, 1 cc, each | No | .14 | n/a | Use for diabetic syringes. All syringes must be billed on the Colorado 1500 claim form. 1 item = 1 syringe. |
| A4207 | Syringe with needle, sterile, 2 cc, each | Yes | .25 | n/a | 1 item = 1 syringe. |
| A4208 | Syringe with needle, sterile, 3 cc, each | Yes | .25 | n/a | 1 item = 1 syringe. |
| A4209 | Syringe with needle, sterile, 5 cc up to 20 cc, each | Yes | .33 | n/a | 1 item = 1 syringe. |
| A4213 | Syringe, sterile, 20 cc or greater, each | Yes | 1.81 | n/a | 1 item = 1 syringe. |
| A4215 | Needle (only), sterile, any size, each | Yes | .24 | n/a | 1 item = 1 needle. |
| S8490 | Insulin syringes (100 syringes, any size) | Yes | 14.00 | n/a | |
| A4232 | Syringe with needle for external insulin pump, sterile, 3cc | Yes | BI | n/a | |
| <u>Urinary care</u> | | | | | |
| A4310 | Insertion tray without drainage bag & without catheter (accessories only), each | No | 6.18 | n/a | |
| A4311 | Insertion tray without drainage bag, with indwelling catheter, foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set | No | 11.74 | n/a | 1 item = 1 set. |
| A4312 | Insertion tray without drainage bag with indwelling catheter, foley type, two-way, all silicone, per set | No | 14.89 | n/a | 1 item = 1 set. |
| A4314 | Insertion tray with drainage bag with indwelling catheter, foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), per set | No | 20.02 | n/a | 1 item = 1 set. |
| A4315 | Insertion tray with drainage bag with indwelling catheter, foley type, two-way, all silicone, per set | No | 20.02 | n/a | 1 item = 1 set. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A4320 | Irrigation tray with bulb or piston syringe, each | No | 3.95 | n/a | 1 item = 1 set. |
| A4322 | Irrigation syringe, bulb or piston, each | No | 2.04 | n/a | 1 item = 1 syringe. |
| A4323 | Sterile saline irrigation solution, per 1000 ml | No | 7.32 | n/a | 1 item = 1,000 ml. |
| A4324 | Male external catheter, with adhesive coating, each | No | 1.05 | n/a | 1 item = 1 catheter |
| A4325 | Male external catheter, with adhesive strip, each | No | .97 | n/a | 1 item = 1 catheter |
| A4326 | Male external catheter, specialty type, each | No | 6.65 | n/a | Inflatable, faceplate, etc., 1 item = 1 catheter. |
| A4327 | Female external urinary collection device, metal cup, each | No | 6.65 | n/a | 1 item = 1 cup. |
| A4328 | Female external urinary collection device, pouch, each | No | 7.98 | n/a | 1 item = 1 pouch. |
| A4330 | Perianal fecal collection pouch with adhesive, each | No | 5.79 | n/a | 1 item = 1 pouch. |
| A4331 | Extension drainage tubing, any type, any length, with connector/adapter, for use with urinary leg bag or urostomy pouch, each | No | 1.84 | n/a | 1 item = 1 extension drainage tubing |
| A4332 | Lubricant, individual sterile packet, for insertion of urinary catheter, each | No | .10 | n/a | 1 item = 1 packet |
| A4333 | Urinary catheter anchoring device, adhesive skin attachment, each | No | 2.85 | n/a | 1 item = 1 device |
| A4334 | Urinary catheter anchoring device, leg strap, each | No | 4.38 | n/a | 1 item = 1 device |
| A4335 | Miscellaneous incontinence supply not otherwise classified | Conditional | 23.75 | n/a | Claim must be submitted on paper. No PAR required if used for urinary tubing, clamps, connectors, and adapters. Billing must include specific reference to urinary item. Charges greater than \$23.75 must attach manufacturer's invoice description & amounts. |
| A4338 | Indwelling catheter, foley type, two-way latex with coating (Teflon, silicone, silicone elastomer or hydrophilic, etc.), each | No | 9.73 | n/a | 1 item = 1 catheter. |
| A4340 | Indwelling catheter, specialty type (coude, mushroom, wing, etc.), each | No | 14.72 | n/a | 1 item = 1 catheter. |
| A4344 | Indwelling catheter, foley type, two-way, all silicone, each | No | 8.16 | n/a | 1 item = 1 catheter. |
| A4347 | Male external catheter with or without adhesive, with or without anti-reflux device, each | No | 2.03 | n/a | 1 item = 1 catheter. |
| A4348 | Male external catheter with integral collection compartment, extended wear, each (e.g., 2 per month) | No | 2.03 | n/a | 1 item = 1 catheter. |
| XX004 | Urinary intermittent catheter with insertion tray | Deleted | | | Deleted 03/31/03. See A4353 |
| A4354 | Insertion tray with drainage bag, without catheter, each | No | 3.83 | n/a | 1 item = 1 tray & bag. |
| A4356 | External urethral clamp or compression device (not to be used for catheter clamp), each | No | 36.17 | n/a | 1 item = 1 clamp. |
| A4357 | Bedside drainage bag, day or night, with or without anti-reflux device, with or without tube, per set | No | 8.15 | n/a | 1 item = 1 set. |
| A4358 | Urinary drainage bag, leg or abdomen, vinyl, with or without tube, with straps, each | No | 4.91 | n/a | 1 item = 1 bag |
| A4359 | Urinary suspensory without leg bag, each | No | 40.85 | n/a | 1 item = 1 suspensory. |
| A4396 | Ostomy belt with peristomal hernia support | No | BI | n/a | 1 item = 1 belt. |
| A4397 | Irrigation supply, sleeve, each | No | 2.37 | n/a | 1 item = 1 sleeve. |
| A4554 | Underpads, disposable, each | Yes | .39 | n/a | Chux. 1 item = 1 pad. Note: Pads with 36" x 72" dimensions are not a benefit. |
| A4860 | Disposable catheter tips for peritoneal dialysis, per 10 | No | .61 | n/a | 1 item = per 10. When medically necessary, may be used for other diagnoses. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A4927 | Gloves, nonsterile, per 100 | Yes | .12 | n/a | 1 item = 100 gloves. |
| X2050 | Glove, sterile, each | Deleted | | | Deleted 12/31/02. See A4930 |
| A4351 | Intermittent urinary catheter; straight tip, with or without coating (teflon, silicone, silicone elastomer, or hydrophilic, etc.), each | No | 1.24 | n/a | 1 item = 1 catheter. |
| A4352 | Intermittent urinary catheter; coude (curved) tip, with or without coating (teflon, silicone, silicone elastomeric, or hydrophilic, etc.), each | No | 1.92 | n/a | 1 item = 1 catheter. |
| A4353 | Intermittent urinary catheter, with insertion supplies | No | 7.41 | n/a | 1 item = 1 catheter and supplies. |
| <u>Incontinence Products or Briefs</u> | | | | | |
| Diapers or briefs are not available for clients under the age of 3 years. | | | | | |
| X2016 | Child briefs | No | .43 | n/a | 1 item = 1 child brief. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| X2017 | Belted undergarment | No | .57 | n/a | 1 item = 1 belted undergarment. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| S8405 | Disposable liner/shield for incontinence, each | Deleted | | | Deleted 12/31/02. See A4535. |
| A4535 | Disposable liner/shield for incontinence, each | No | .41 | n/a | Effective 01/01/03. |
| X2021 | Child pull-up briefs (sizes small, medium, and large) | No | .61 | n/a | 1 item = 1 child pull-up brief. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| X2022 | Youth brief | No | .56 | n/a | 1 item = 1 youth brief. Limited to 10 per day in any combination of diapers, liners, and undergarments. Use for children's, extra large diapers. Do not bill extra large children's diapers as an adolescent or child pull-up brief. |
| X2023 | Adult brief-small | No | .64 | n/a | 1 item = 1 adult brief, small. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| X2024 | Adult brief-medium | No | .74 | n/a | 1 item = 1 adult brief, medium. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| X2026 | Adult brief-large | No | .87 | n/a | 1 item = 1 adult brief, large. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| X2027 | Adult brief-extra large | No | .89 | n/a | 1 item = 1 adult brief, extra large. Limited to 10 per day in any combination of diapers, liners, and undergarments |
| PARs for X2028, X2029, and X2030 require the following information: 1) # of briefs needed per day; weight of child; 2) Medical and independence needs that will be addressed by using the product; 3) Medical need for higher absorption level; 4) Medical need for increased leakage protection; 5) Medical inability to utilize other products; 6) Reason for better fit of brief; and 7) If other pull-up briefs have been tried and did not meet the client's needs, explain the problem. | | | | | |
| X2028 | Adolescent pull-up training brief, medium | Yes | .82 | n/a | 1 item = 1 adolescent pull-up brief, medium. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| X2029 | Adolescent pull-up training brief, large | Yes | 1.00 | n/a | 1 item = 1 adolescent pull-up brief, large. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| X2030 | Adolescent pull-up training brief, extra large | Yes | .99 | n/a | 1 item = 1 adolescent pull-up brief, extra large. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| X2031 | Child pull-up brief, extra large | No | .62 | n/a | 1 item = 1 child pull-up brief, extra large. Limited to 10 per day in any combination of diapers, liners, and undergarments. |
| <u>Miscellaneous</u> | | | | | |
| A4265 | Paraffin, per pound | Yes | 3.42 | n/a | 1 item = 1 pound. |
| E0235 | Paraffin bath unit, portable, each | Yes | 123.38 | 11.88 | 1 item = 1 unit. |
| A6410 | Eye pad, sterile, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 eye pad. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|--------------------------------------------|
| A6411 | Eye pad, non-sterile, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 eye pad. |
| A6412 | Eye patch, occlusive, each | No | BI | n/a | Effective 01/01/03. 1 item = 1 eye patch. |
| <u>ELASTIC SUPPORTS & STOCKINGS – GENERAL USE</u> | | | | | |
| A4490 | Surgical stocking, above knee length, each | No | 6.18 | n/a | 1 item = 1 stocking. |
| A4495 | Surgical stocking, thigh length, each | No | 8.08 | n/a | 1 item = 1 stocking. |
| A4500 | Surgical stocking, below knee length, each | No | 5.83 | n/a | 1 item = 1 stocking. |
| A4510 | Surgical stocking, full length, each | No | 13.21 | n/a | 1 item = 1 stocking. |
| L8100 | Elastic support/stocking, below knee, medium weight, each | No | 16.21 | n/a | 1 item = 1 stocking. |
| L8110 | Elastic support/stocking, below knee, heavy weight, each | No | 53.63 | n/a | 1 item = 1 stocking. |
| L8120 | Elastic support/stocking, below knee, surgical weight (Linton type or equal), each | No | 27.57 | n/a | 1 item = 1 stocking. |
| L8130 | Elastic support/stocking, above knee, medium weight, each | No | 17.26 | n/a | 1 item = 1 stocking. |
| L8140 | Elastic support/stocking, above knee, heavy weight, each | No | 26.94 | n/a | 1 item = 1 stocking. |
| L8150 | Elastic support/stocking, above knee, surgical weight (Linton type or equal), each | No | 17.50 | n/a | 1 item = 1 stocking. |
| L8160 | Elastic support/stocking, full length, medium weight, each | No | 28.05 | n/a | 1 item = 1 stocking. |
| L8170 | Elastic support/stocking, full length, heavy weight, each | No | 29.30 | n/a | 1 item = 1 stocking. |
| L8180 | Elastic support/stocking, full length, surgical weight (Linton type or equal), each | No | 65.54 | n/a | 1 item = 1 stocking. |
| L8190 | Elastic support/stocking, leotards, medium weight, each | No | 32.19 | n/a | 1 item = 1 leotard. |
| L8195 | Gradient compression stocking, waist length, 30-40 MMHG, each | No | BI | n/a | 1 item = 1 stocking. |
| L8200 | Elastic support/stocking, leotards, surgical weight (Linton type), each | No | 49.56 | n/a | 1 item = 1 leotard. |
| L8210 | Elastic support/stocking, custom made, each | No | BI | n/a | 1 item = 1 stocking. |
| L8220 | Elastic support/stocking, lymphedema, each | No | 40.96 | n/a | 1 item = 1 stocking. |
| L8230 | Elastic support/stocking, garter belt, each | No | BI | n/a | 1 item = 1 stocking. |
| <u>HEAT & COLD APPLICATION EQUIPMENT – GENERAL USE</u> | | | | | |
| E0200 | Heat lamp, without stand (table model), includes bulb or infrared element, each | Yes | BI | 4.75 | |
| E0215 | Electric heat pad, moist | Yes | 58.00 | n/a | Benefit under limited circumstances. |
| E0217 | Water circulating heat pad with pump | Yes | BI | n/a | |
| E0218 | Water circulating cold pad with pump | Yes | BI | n/a | |
| E0221 | Infrared heating pad system | Yes | BI | n/a | |
| E0231 | Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover | Yes | BI | n/a | |
| E0232 | Warming card for use with the non contact wound warming device and non contact wound warming wound cover | Yes | BI | n/a | |
| E0236 | Pump for water circulating pad, each | Yes | BI | 36.10 | |
| E0249 | Pad for water circulating heat unit, each | Yes | 17.10 | n/a | Purchase for client owned equipment only. |
| <u>MONITORING EQUIPMENT & SUPPLIES – GENERAL USE</u> | | | | | |
| E0607 | Home blood glucose monitor, each | No | 47.50 | n/a | |
| A4660 | Sphygmomanometer/blood pressure apparatus with cuff and stethoscope | Yes | 38.00 | n/a | Requires Questionnaire #5. See Appendix I. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------|---------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A4663 | Blood pressure cuff only | Yes | 19.95 | n/a | 1 item = 1 cuff only. |
| A4670 | Automatic blood pressure monitor | Yes | 67.22 | n/a | Digital. Requires Questionnaire #5. See Appendix I. |
| E0608-01 | Apnea monitor, each | Deleted | | | Deleted 12/31/02. See E0619-01. |
| E0619-01 | Apnea monitor, with recording feature | Yes | n/a | 161.50 | Effective 01/01/03. Includes cardiac monitoring (belts included). 1 unit = 1 month. Beyond 6 months requires Questionnaire #7. See Appendix K. |
| S8105 | Oximeter for measuring blood oxygen levels non-invasively | Deleted | | | Deleted 12/31/02. See E0445. |
| E0445 | Oximeter device for measuring blood oxygen levels non-invasively | Yes | n/a | 356.25 | Effective 01/01/03. 1 unit = 1 month. Beyond 3 months requires Questionnaire # 6. See Appendix J. |
| X2014-01 | Pulse Oximeter, per day | Yes | n/a | 47.50 | 1 unit = 1 day. Limited to overnight or 24 hour test period. |
| E0610 | Pacemaker monitor, self-contained (checks battery depletion, includes audible & visual check systems), each | Yes | BI | n/a | |
| E0615 | Pacemaker monitor, self-contained, checks battery depletion & other pacemaker components, includes digital/visual check systems, each | Yes | BI | n/a | |
| A4245 | Alcohol wipes, each | No | .03 | n/a | 1 item = 1 wipe. |
| A4556 | Electrodes (e.g., apnea monitor), per pair | No | 7.60 | n/a | 1 item = 1 pair. Note: Purchase for client owned equipment only. Must be provided by supplier for rented equipment. |
| A4557 | Lead wires or cables, per pair | No | 20.33 | n/a | 1 item = 1 pair. Note: Purchase for client owned equipment only. Must be provided by supplier for rented equipment. |
| A4558 | Electrodes gel, per tube | No | 4.75 | n/a | 1 item = 1 tube of gel. |
| S9001 | Home uterine monitor with or without associated nursing services | Yes | n/a | Per PAR | Equipment only. Limited to 1 unit per day- no more than 31 days at a time. NAB with essential nursing services. Telephonic transmission & interpretation are not benefits. |

PHOTOTHERAPY – GENERAL USE

| | | | | | |
|----------|------------------------------------------------------------------------------------------------------------------------------|---------|-----|-------|---------------------------------|
| E0202-01 | Phototherapy (bilirubin) light with photometer, per day | No | n/a | 49.95 | 1 item = 1 day rental. |
| E0690-01 | Ultraviolet cabinet, appropriate for home use | Deleted | | | Deleted 12/31/02. See E0691-01. |
| E0691-01 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection; treatment area 2 square feet or less | Yes | n/a | 49.95 | Effective 01/01/03. |
| E0692-01 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 4 foot panel | Yes | n/a | BI | Effective 01/01/03. |
| E0693-01 | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eye protection, 6 foot panel | Yes | n/a | BI | Effective 01/01/03. |
| E0694-01 | Ultraviolet multidirectional light therapy system in 6 foot cabinet, includes bulbs/lamps, timer and eye protection | Yes | n/a | BI | Effective 01/01/03. |

OXYGEN & RESPIRATORY CARE- GENERAL USE- RESPIRATORY CARE EQUIPMENT REQUIRES A PHYSICIAN'S PRESCRIPTION. THE SUPPLIER MUST MAINTAIN A COPY OF THE PRESCRIPTION ON FILE AT ALL TIMES.

01/01/03 No changes to oxygen services at present time.

Humidifiers

| | | | | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------|----|--------|-------|--|
| E0550 | Humidifier, durable, for extensive supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade) | No | 257.93 | 7.60 | |
| E0555 | Humidifier, durable, glass or autoclavable plastic bottle type, for use with regulator or flowmeter | No | 49.17 | 27.46 | |
| E0560 | Humidifier, durable for supplemental humidification during IPPB treatment or oxygen delivery (e.g., Cascade Jr.) | No | 51.25 | 6.54 | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| K0268 | Humidifier, non-heated, used with Positive Airway Pressure device | Yes | 99.75 | n/a | Purchase for client owned equipment only. |
| K0531 | Humidifier, heated, used with Positive Airway Pressure device | Yes | 228.00 | n/a | Purchase for client owned equipment only. |
| X2911 | Humidifier bottle, disposable, each | No | 3.29 | n/a | 1 item = 1 bottle. |
| X2935 | Room air filter/purifier | Yes | 207.03 | 39.19 | |
| A4483 | Moisture exchanger, disposable, for use with invasive mechanical ventilation | Yes | 3.09 | n/a | |
| <u>IPPB machines</u> | | | | | |
| E0500-01 | IPPB machine(s), all types, with built in nebulization, manual or automatic valves, internal or external power source (Manual valves external power source includes cylinder regulator built-in nebulization) | No | n/a | 66.50 | 1 item = 1 month rental. |
| <u>Oxygen contents – For services provided to nursing facility residents, look under heading “Oxygen Services in Nursing Facility”</u> | | | | | |
| X0400 | Oxygen contents, gaseous (for use with rental equipment) | No | .07 | n/a | 1 unit = 1 cubic ft. |
| X0410 | Oxygen contents, liquid (for use with rental equipment) | No | .78 | n/a | 1 unit = 1 lb. |
| X0416 | Oxygen refill for portable gaseous system only; up to 23 cubic feet | No | 8.24 | n/a | Bill 1 unit per tank only, regardless of cubic feet (1 unit = up to 23 cubic ft.) |
| Y2997-01 | Compressed air cylinder (large cylinder) | No | n/a | 4.04 | |
| Y2185-01 | Oxygen cylinder, small, type B tank | No | n/a | 3.56 | |
| ZZ009 | Oxygen supply or accessory, component of another item | Deleted | | | Deleted 12/31/02 |
| E0441 | Oxygen contents, gaseous (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned). | No | 3.33 | n/a | 1 unit = 50 cubic ft. |
| E0442 | Oxygen contents, liquid (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned). | No | 7.79 | n/a | 1 unit = 10 lbs. |
| E0443 | Portable oxygen contents, gaseous (for use only with portable gaseous systems when no stationary gas or liquid system is used). | No | .33 | n/a | 1 unit = 5 cubic ft. |
| E0444 | Portable oxygen contents, liquid (for use only with portable liquid systems when no stationary gas or liquid system is used). | No | .78 | n/a | 1 unit = 1 lb. |
| X0417-01 | Monthly rental of centrally located stationary liquid oxygen system (reservoir) used to refill portable units for multiple clients | Deleted | | | Deleted 12/31/02. |
| X0418-01 | Monthly rental of centrally located stationary liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing and refill adapter | Deleted | | | Deleted 12/31/02. |
| <u>Oxygen systems – For services provided to nursing facility residents, look under heading “Oxygen Services in Nursing Facility”</u> | | | | | |
| E0424-01 | Stationary compressed gaseous oxygen system, rental; includes container, contents, regulator, flowmeter, humidifier, nebulizer, cannula or mask, & tubing | No | n/a | 36.58 | 1 unit = 10 lbs. Use for Medicare/Medicaid dually eligible clients. |
| X0425-01 | Stationary gaseous O ₂ system Medicaid only rental without contents; includes regulator, flow meter, humidifier, nebulizer, cannula or mask & tubing | No | n/a | 38.00 | |
| E0431-01 | Portable gaseous oxygen system, rental; includes portable container, regulator, flow meter, humidifier, cannula or mask, and tubing | No | n/a | 26.60 | |
| E0434-01 | Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flow meter, refill adapter, contents gauge, cannula or mask, and tubing | No | n/a | 35.15 | Portable only. Bill with X0440-01 for total system. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E0439-01 | Stationary liquid oxygen system, rental; includes container, contents, regulator, flow meter, humidifier, nebulizer, cannula or mask, & tubing | No | n/a | 31.54 | 1 unit = 10 lbs. Use for Medicare/Medicaid dually eligible clients. |
| X0440-01 | Stationary liquid O ₂ system Medicaid only rental, without contents; includes use of reservoir, contents indicator, regulator, flow meter, humidifier, nebulizer, cannula or mask & tubing | No | n/a | 42.75 | |
| X2035 | Miscellaneous Oxygen equipment not otherwise classified | Yes | BI | n/a | PAR & claim must include equipment description. Must be submitted on paper. |
| <u>Ventilators, percussors, & respirators</u> | | | | | |
| E0450-01 | Volume ventilator, stationary or portable, with backup rate feature used with invasive interface (e.g. tracheostomy, tube) | Yes | n/a | 619.40 | LP-6, LP-10, PLV 100, PLV 102, Bear 33, PB2800, PB2801. PAR must include equipment description. 1 item = 1 month rental. |
| E0461-01 | Volume ventilator, stationary or portable, with backup rate feature, used with non-invasive interface | Yes | n/a | BI | Effective 01/01/03. 1 item = 1 month rental. |
| X2171 | Pediatric CPAP | Deleted | | | Deleted 12/31/02. See E0601 |
| X2173 | Servo-controlled heated respiratory humidifier | Deleted | | | Deleted 12/31/02. See S8183. |
| X2175 | External Alarm | Yes | BI | 38.00 | |
| X2177 | Humidification System | Deleted | | | Deleted 12/31/02. See S8182. |
| X2179 | Biochem Monitor | Deleted | | | Deleted 12/31/02. |
| E0457 | Chest Shell (cuirass) | Yes | BI | n/a | Must be provided if equipment is rented. Purchase for client owned equipment only. |
| E0459 | Chest wrap | Yes | BI | n/a | Must be provided if equipment is rented. Purchase for client owned equipment only. |
| E0460 | Negative pressure ventilator, portable or stationary | Yes | n/a | 451.25 | Porta-Lung |
| E0480 | Percussor, electric or pneumatic, home model | Yes | BI | 33.25 | |
| E0601 | Continuous positive airway pressure (CPAP) device, nasal | Yes | 752.40 | 98.80 | Requires sleep study with PAR. Rental includes mask & headgear. Use A7030 for mask purchase. Use A0735 for headgear purchase. Requires Questionnaire #8. See Appendix L. |
| X2037 | CPAP mask, each | Deleted | | | Deleted 12/31/02. See A7030. |
| A7030 | Full face mask used with positive airway pressure device, each | Yes | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| A7031 | Face mask interface, replacement for full face mask, each | Yes | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| K0183 | Nasal application device used with Positive Airway Pressure device | Deleted | | | Deleted 12/31/03. See A7034. |
| A7034 | Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap | Yes | 71.25 | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| K0184 | Nasal single piece interface, replacement for nasal application device, pair or single piece interface | Deleted | | | Deleted 12/31/02. See A7032, A7033. |
| A7032 | Replacement cushion for nasal application device, each | Yes | 23.75 | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| A7033 | Replacement pillows for nasal application device, pair | Yes | 23.75 | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| K0185 | Headgear used with Positive Airway Pressure device | Deleted | | | Deleted 12/31/02. See A7035. |
| A7035 | Headgear used with positive airway pressure device | Yes | 33.96 | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| K0186 | Chin strap used with Positive Airway Pressure device | Deleted | | | Deleted 12/31/02. See A7036. |
| A7036 | Chinstrap used with positive airway pressure device | Yes | 17.10 | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| K0187 | Tubing used with Positive Airway Pressure device | Deleted | | | Deleted 12/31/02. See A7037. |
| A7037 | Tubing used with positive airway pressure device | Yes | 30.40 | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| K0188 | Filter, disposable, used with Positive Airway Pressure device | Deleted | | | Deleted 12/31/03. See A7038. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A7038 | Filter, disposable, used with positive airway pressure device | Yes | 4.51 | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| K0189 | Filter, non-disposable, used with Positive Airway Pressure device | Deleted | | | Deleted 12/31/02. See A7039. |
| A7039 | Filter, non disposable, used with positive airway pressure device | Yes | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| A7044 | Oral interface used with positive airway pressure device, each | Yes | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| K0268 | Humidifier, non-heated, used with Positive Airway Pressure device | Yes | 99.75 | n/a | Purchase for client owned equipment only. |
| S8182 | Humidifier, heated, used with ventilator, non-servo-controlled | Yes | BI | 95.00 | Purchase for client owned equipment only. |
| S8183 | Humidifier, heated, used with ventilator, dual servo-controlled with temperature monitoring | Yes | BI | 175.75 | Purchase for client owned equipment only. |
| S8185 | Flutter device | Yes | BI | n/a | |
| S8186 | Swivel adapter | Yes | BI | n/a | |
| ZZ004 | CPAP supply, component of another item | Yes | BI | n/a | |
| K0532 | Respiratory assist device, bi-level pressure capability without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | Yes | 1158.05 | 224.20 | Must be submitted on paper. Must submit manufacturer's invoice with PAR. Purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Requires Questionnaire #8. See Appendix L. |
| K0533 | Respiratory assist device, bi-level pressure capability with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) | Yes | 2139.40 | 451.25 | Must be submitted on paper. Must submit manufacturer's invoice with PAR. Purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Requires Questionnaire #8. See Appendix L. |
| K0534 | Respiratory assist device, bi-level pressure capability with backup rate feature, used with invasive interface, e.g., tracheostomy tube (intermittent assist device with continuous positive airway pressure device) | Yes | BI | Per PAR | Must be submitted on paper. Must submit manufacturer's invoice with PAR. Purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Requires Questionnaire #8. See Appendix L. |
| X2015 | Miscellaneous high tech equipment not otherwise classified | Yes | BI | Per PAR | Must be submitted on paper. Must submit manufacturer's invoice with PAR. Purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with the claim. |
| X3030 | High frequency chest oscillation; air pulse generator | Deleted | | | Deleted 12/31/02. See E0483 |
| E0483 | High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest) each. | Yes* | 9001.25 | 807.50 | Effective 01/01/03. Requires Questionnaire #14. See Appendix S. |
| X3031 | High frequency chest wall oscillation; inflatable vest | Deleted | | | Deleted 12/31/02. See A7025. |
| A7025 | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each | Yes* | 285.00 | n/a | Effective 01/01/03. I.e., ThAirapy vest system. Requires Questionnaire #14. See Appendix S. |
| A7026 | High frequency chest wall oscillation system hose, replacement for use with patient owned equipment, each | No | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| <u>Oxygen concentrators – For services provided to nursing facility residents, look under heading “Oxygen Services in Nursing Facility”</u> | | | | | |
| E1390-01 | Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate | No | n/a | 166.25 | |
| E1405 | Oxygen & water vapor enriching system with heated delivery | Yes | Per PAR | 282.33 | |
| E1406 | Oxygen & water vapor enriching system without heated delivery | Yes | Per PAR | 249.47 | |
| <u>Oxygen services in nursing facility – See Medicaid Bulletins A9102072 (2/91), B9102083 (6/91), & B0000073 (8/00) for additional information</u> | | | | | |
| X2400 | Oxygen contents, gaseous, per cubic foot, nursing facility resident | No | .07 | n/a | 1 item = 1 cubic foot |
| X2410 | Oxygen contents, liquid, per pound, nursing facility resident | No | .78 | n/a | 1 item = 1 pound |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X2416 | Oxygen refill for portable gaseous system only, up to 23 cubic feet, nursing facility resident | No | 6.81 | n/a | 1 item = 23 cubic feet or less |
| X2425-01 | Stationary compressed gas system; includes regulator flowmeter, humidifier, nebulizer, cannula or mask, & tubing, nursing facility resident | No | n/a | 33.25 | |
| X2430-01 | Portable gaseous oxygen system, includes regulator flowmeter, humidifier, cannula or mask, & tubing, nursing facility resident | No | n/a | 26.60 | |
| X2435-01 | Portable liquid oxygen system, includes portable container, supply reservoir, flowmeter, humidifier, contents gauge, cannula or mask, tubing, & refill adapter, nursing facility resident | No | n/a | 77.90 | |
| X2436-01 | Monthly rental of centrally located stationary liquid oxygen system (reservoir) used to refill portable units for multiple clients, nursing facility resident | No | n/a | By Report | Bill usual & customary charge divided by total number of all clients utilizing reservoir. The total, unduplicated count of clients (regardless of payment source) using the equipment during the month must be maintained in each client's file. |
| X2437-01 | Monthly rental of a portable liquid oxygen system to be filled through a centrally located/shared stationary reservoir, includes portable container, flow humidifier, cannula or mask, tubing & refill adapter, nursing facility resident | No | n/a | 54.15 | |
| X2440-01 | Oxygen system, liquid, stationary, includes use of reservoir, contents indicator, flow meter, humidifier, cannula or masks, & tubing, per month, nursing facility resident | No | n/a | 23.75 | |
| X2477-01 | Oxygen concentrator, includes flow meter, humidifier, cannula or mask, & tubing, per hour, nursing facility resident | No | n/a | .23 | 1 item = 1 hour usage. \$175 (or 729 units) per month maximum for concentrator/equipment. |
| <u>NEBULIZERS, VAPORIZERS, SUCTION</u> | | | | | |
| E0565 | Compressor, air power source for equipment which is not self-contained or cylinder driven | No | 400.14 | n/a | |
| A7017 | Nebulizer, durable glass, or autoclavable plastic, bottle type, not used with oxygen | No | BI | n/a | 1 unit = 1 nebulizer |
| E0570 | Nebulizer with compressor | No | 104.50 | n/a | Devilbiss, Pulmo-Aid. |
| E0571 | Aerosol compressor, battery powered, for use with small volume nebulizer | No | BI | n/a | |
| E0572 | Aerosol compressor, adjustable pressure, light duty for intermittent use | No | BI | n/a | |
| E0574 | Ultrasonic electronic aerosol generator with small volume nebulizer | No | BI | n/a | |
| E0575 | Nebulizer, ultrasonic, large volume | No | 546.25 | n/a | Mistogen. |
| E0580 | Nebulizer, durable glass or autoclavable plastic bottle type for use with regulator or flowmeter, each | No | 4.75 | n/a | |
| E0585 | Nebulizer with compressor & heater | No | 190.00 | n/a | |
| E0600 | Respiratory suction pump, home model, portable or stationary, electric | No | 282.06 | 24.70 | Rental includes suction tubing. |
| A7000 | Canister, disposable, used with suction pump | No | .48 | n/a | 1 unit = 1 canister |
| A7001 | Canister, non-disposable, used with suction pump | No | BI | n/a | 1 unit = 1 canister |
| A7002 | Tubing, used with suction pump | No | 2.85 | n/a | 1 unit = 1 tubing |
| ZZ003 | Suction pump supply or accessory, component of another item | Deleted | | | Deleted 12/31/02 |
| A7004 | Small volume non-filtered pneumatic nebulizer, disposable | No | 1.52 | n/a | 1 unit = 1 nebulizer |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----|-----------------------|---------------------|-----------------------------------------------------------------------------------|
| A7007 | Large volume nebulizer, disposable, unfilled, used with aerosol compressor | No | 5.32 | n/a | 1 unit = 1 nebulizer |
| A7008 | Large volume nebulizer, disposable, prefilled, used with aerosol compressor | No | BI | n/a | 1 unit = 1 nebulizer |
| A7009 | Reservoir bottle, non-disposable, used with large volume ultrasonic nebulizer | No | 49.40 | n/a | 1 unit = 1 reservoir bottle |
| A7010 | Corrugated tubing, disposable, used with large volume nebulizer, 100 feet | No | 3.33 | n/a | 1 unit = 100 feet |
| A7011 | Corrugated tubing, non-disposable, used with large volume nebulizer, 10 feet | No | 11.40 | n/a | 1 unit = 10 feet |
| A7012 | Water collection device, used with large volume nebulizer | No | 1.66 | n/a | 1 unit = 1 device |
| A7013 | Filter, disposable, used with aerosol compressor | No | 2.23 | n/a | 1 unit = 1 filter |
| A7014 | Filter, non-disposable, used with aerosol compressor or ultrasonic generator | No | 3.80 | n/a | 1 unit = 1 filter |
| A7015 | Aerosol mask, used with DME nebulizer | No | .95 | n/a | 1 unit = 1 mask |
| A7016 | Dome and mouthpiece, used with small volume ultrasonic nebulizer | No | 7.36 | n/a | 1 unit = dome and mouthpiece |
| A7018 | Water, distilled, used with large volume nebulizer, 1000 ml | No | 7.32 | n/a | 1 unit = 1,000 ml. |
| A7020 | Sterile water or sterile saline, 1000 ml, used with large volume nebulizer | No | 7.32 | n/a | 1 unit = 1,000 ml. |
| <u>Respiratory care accessories, supplies & related services</u> | | | | | |
| Note: All belts, leads, pads, & tubing are included in the rental price. Items may be purchased only for client-owned equipment. Medication for use with respiratory equipment must be provided by a pharmacy and may require prior authorization and billing on pharmacy claim format with NDC number. | | | | | |
| E0455 | Oxygen tent excluding croup or pediatric tents, each | No | 7.60 | n/a | |
| A4606 | Oxygen probe for use with oximeter device, replacement | Yes | BI | n/a | Effective 01/01/03. 1 unit = 1 probe. |
| A4615 | Cannula, nasal, each | No | 2.38 | n/a | Must be provided with rental equipment. Purchase for client owned equipment only. |
| A4616 | Tubing (oxygen), per foot | No | .24 | n/a | Must be provided with rental equipment. Purchase for client owned equipment only. |
| E1353 | Regulator, each | No | 46.55 | n/a | Must be provided with rental equipment. Purchase for client owned equipment only. |
| A4617 | Mouthpiece, each | No | .48 | n/a | |
| E1355 | Stand/rack, each | No | 27.55 | n/a | Purchase for client owned equipment only. |
| A4618 | Breathing circuits, each | No | 15.67 | n/a | |
| A4619 | Face tent, each | No | 4.75 | n/a | |
| A4620 | Variable concentration mask, each | No | 7.13 | n/a | |
| S8210 | Mucus trap | No | BI | n/a | |
| A4614 | Peak expiratory flow rate meter, hand held | No | 10.45 | n/a | |
| A4609 | Tracheal suction catheter, closed system, for less than 72 hours of use, each | No | BI | n/a | Effective 01/01/03. |
| A4610 | Tracheal suction catheter, closed system, for 72 or more hours of use, each | No | BI | n/a | Effective 01/01/03. |
| A4621 | Tracheotomy mask or collar, each | No | 4.75 | n/a | |
| A4622 | Tracheostomy or laryngectomy tube, each | No | BI | n/a | |
| L8501 | Tracheostomy, speaking valve, each | No | 60.84 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|-----------------------|
| A4623 | Tracheostomy, inner cannula (replacement only), each | No | 4.65 | n/a | |
| A4624 | Tracheal suction catheter, any type other than closed system, each | No | 1.19 | n/a | 1 item = 1 catheter |
| A4628 | Oropharyngeal suction catheter, each | No | 1.31 | n/a | 1 item = 1 catheter. |
| A4481 | Tracheostomy filter, any type, any size, each | No | BI | n/a | 1 item = 1 filter. |
| A4629 | Tracheostomy care kit for established tracheostomy | No | 3.28 | n/a | 1 item = 1 kit. |
| A7501 | Tracheostoma valve, including diaphragm, each | No | BI | n/a | |
| A7502 | Replacement diaphragm/faceplate for tracheostoma valve, each | No | BI | n/a | |
| A7503 | Filter holder or filter cap, reusable, for use with tracheostoma heat and moisture exchange system, each | No | BI | n/a | |
| A7504 | Filter for use with tracheostoma heat and moisture exchange system, each | No | BI | n/a | |
| A7505 | Housing, reusable without adhesive, for use in a heat and moisture exchange system and/or with a tracheostoma valve, each | No | BI | n/a | |
| A7506 | Adhesive disc for use in a heat and moisture exchange system and/or with a tracheostoma valve, any type, each | No | BI | n/a | |
| A7507 | Filter holder and integrated filter without adhesive, for use in a tracheostoma heat and moisture exchange system, each | No | BI | n/a | |
| A7508 | Housing and integrated adhesive, for use in a tracheostoma heat and moisture exchange system and/or with a tracheostoma valve, each | No | BI | n/a | |
| A7509 | Filter holder and integrated filter housing, and adhesive, for use as a tracheostoma heat and moisture exchange system, each | No | BI | n/a | |
| X2182 | Twill tape | No | 7.60 | n/a | |
| S8180 | Tracheostomy shower protector | No | BI | n/a | |
| S8181 | Tracheostomy tube holder | No | BI | n/a | |
| S8189 | Tracheostomy supply, not otherwise classified | No | BI | n/a | |
| A4627 | Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler, each | No | 34.00 | n/a | Includes aerochamber. |
| S8100 | Holding chamber or spacer for use with an inhaler or nebulizer; without mask | No | 32.30 | n/a | |
| S8101 | Holding chamber or spacer for use with an inhaler or nebulizer; with mask | No | BI | n/a | |
| A4611 | Battery, heavy duty, replacement for patient owned ventilator, each | No | BI | n/a | |
| A4612 | Battery cables, replacement for patient owned ventilator, each | No | BI | n/a | |
| A4613 | Battery charger, replacement for patient owned ventilator, each | No | 314.45 | n/a | |
| E0755 | Electronic salivary reflex stimulator, intra oral/non-invasive, each | Yes | BI | n/a | |
| A4608 | Transtracheal oxygen catheter, each | No | 125.40 | n/a | 1 item = 1 catheter. |
| S8999 | Resuscitation bag (For use by patient on artificial respiration during power failure or other catastrophic event) | No | 105.68 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|---------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E1340 | Repair or non-routine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes | Yes | 15.50 | n/a | Cost of repair cannot exceed cost to purchase replacement equipment. Serial number of the equipment being repaired must be identified in field 12 of the PAR. Paper claims must include serial number. If codes are available to identify specific components, they must be used (e.g., tires, upholstery, batteries, etc.). 1 unit = 15 minutes Annual maximum 480 units or 120 hours of service. (Average 40 units or 10 hours of service per month.) |
| X2230 | Labor, dealer preparation | Yes | 15.50 | n/a | Limited to specialized, detailed or complex work in the initial preparation of a product. 1 unit = 15 minutes. Annual maximum of 32 units or 8 hours of service. Use E1340 for general repairs beyond the initial product preparation. |
| X2975 | Repairs & labor to client owned equipment costing less than \$150.00 in a 6 month period | No | 150.00 | n/a | Quick minor repairs to DME products. In addition to labor, the costs of minor parts may be included under this code. Limited to a maximum reimbursement of \$150.00 every 6 months. Paper claims must include serial numbers. |
| X2985 | Cleaning solution for home respiratory equipment | No | 9.23 | n/a | |
| <u>TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR) EQUIPMENT & SUPPLIES – GENERAL USE</u> | | | | | |
| Note: TENS or NMES require 2-month rental before purchase. Requires Questionnaire #9. See Appendix M. | | | | | |
| A4630 | Batteries, rechargeable, replacement for medically necessary, patient owned TENS, each | No | 14.25 | n/a | Limited to maximum of 4 per year. |
| A4595 | Electrical stimulator supplies, 2 lead, per month, (e.g., tens, nmes) | No | BI | n/a | Purchase for client owned equipment only. |
| X2013 | TENS supplies, 4 lead, per month | No | BI | n/a | Purchase for client owned equipment only. |
| E0720 | TENS, two lead, localized stimulation, each | Yes | BI | 33.25 | |
| E0730 | Transcutaneous electrical nerve stimulation device, four or more leads, for multiple nerve stimulation | Yes | BI | 33.25 | |
| E0731 | Form fitting conductive garment for delivery of TENS or NMES with conducting fibers separated from the patient's skin by layers of fabric, each | Yes | BI | n/a | |
| E0744 | Neuromuscular stimulator for scoliosis, each | Yes | BI | 95.00 | |
| E0745 | Neuromuscular stimulator electronic shock unit, each | Yes | 399.00 | 88.04 | |
| E0747-01 | Osteogenesis stimulator, electrical noninvasive, other than spinal applications | Yes | n/a | 460.75 | |
| E0748 | Osteogenic stimulator, noninvasive, spinal applications | Yes | BI | n/a | |
| E0760 | Osteogenesis stimulator, low intensity ultrasound, non-invasive | Yes | BI | n/a | |
| X2260 | TENS trial rental, per month (2 months allowed) | Yes | n/a | 33.25 | Do not use -01 modifier. All TENS rental requires PAR. 1st month rental without PAR is not available. PAR is required for both months. 1 item = 1 month rental. |
| Y3240 | Battery charger, TENS, each | Yes | 47.50 | n/a | Must be provided for rental equipment. Purchase for client owned equipment only. |
| X2005 | TENS unit, disposable, for acute or postoperative pain, each | Deleted | | | Deleted 12/31/02. |
| Y3250 | TENS tape/adhesive patches, for use with non-disposable electrodes, each | No | .12 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------|---------|-----------------------|---------------------|------------------------------------------------------------------------------------------|
| Y3255 | TENS disposable electrodes with tape, any type, each | No | 1.05 | n/a | Must be provided for rental equipment. Purchase for client owned equipment only. |
| A4245 | Alcohol wipes, each | No | .03 | n/a | |
| ZZ006 | TENS supply or accessory, component of another item | Yes | BI | n/a | Must attach manufacturer's invoice, description and amounts. Must be submitted on paper. |
| <u>TRAPEZE, TRACTION & FRACTURE FRAMES – GENERAL USE</u> | | | | | |
| E0910 | Trapeze bars (also known as "patient helper"), attached to bed, with grab bar | Yes | 113.04 | 18.08 | |
| E0920 | Fracture frame, attached to bed, includes weights | Yes | BI | 33.25 | |
| E0930 | Fracture frame, free standing, includes weights | Yes | BI | 33.25 | |
| E0935 | Passive motion exercise device, per day | Yes | BI | 20.66 | Rental per day. First 7 days post-op. |
| E0940 | Trapeze bar, free standing, complete with grab bar | Yes | 199.50 | 23.75 | |
| E0941 | Traction device, gravity assisted, any type | Yes | 210.72 | 33.25 | |
| E0942 | Cervical head harness or halter, each | Yes | 17.98 | n/a | |
| E0943 | Cervical pillow, each | Yes | 25.07 | n/a | |
| E0944 | Pelvic belt, harness or boat, each | Yes | 42.75 | n/a | |
| E0945 | Extremity belt or harness, each | Yes | 40.17 | n/a | |
| E0946 | Fracture frame, dual, with cross bars, attached to bed | Yes | BI | 33.25 | Balken, 4 poster. |
| E0947 | Fracture frame, attachments for complex pelvic traction | Yes | BI | 33.25 | |
| E0948 | Fracture frame, attachments for complex cervical traction | Yes | BI | 33.25 | |
| Y2003 | Dynasplint, each | Deleted | | | Deleted 12/31/02. |
| Y3440 | Dynasplint software | Deleted | | | Deleted 12/31/02. |
| YY005 | Replace soft interface material, dynamic adjustable extension/flexion orthosis | Deleted | | | Deleted 12/31/02. See E1820, E1821. |
| E0830 | Ambulatory traction device, all types, each | Yes | BI | Per PAR | |
| E0840 | Traction frame, attached to headboard, cervical traction | Yes | 59.38 | 16.63 | |
| E0850 | Traction stand, free standing, cervical traction | Yes | BI | 16.63 | |
| E0855 | Cervical traction equipment not requiring additional stand or frame | Yes | BI | n/a | |
| E0860 | Traction equipment, over door, cervical | Yes | 34.91 | n/a | |
| E0870 | Traction frame, attached to footboard, extremity traction | Yes | 89.59 | 16.15 | Bucks. |
| E0880 | Traction stand, free standing, extremity traction | Yes | 96.69 | 33.25 | Bucks. |
| E0890 | Traction frame, attached to footboard, pelvic traction | Yes | 92.74 | 16.15 | |
| E0900 | Traction stand, free standing, pelvic traction | Yes | 98.69 | 16.15 | Bucks. |
| <u>LYMPHEDEMA PUMPS & COMPRESSORS – SPECIALIZED USE</u> | | | | | |
| E0650 | Pneumatic compressor, non-segmental home model | Yes | 655.50 | 47.50 | |
| E0651 | Pneumatic compressor, segmental home model without calibrated gradient pressure | Yes | 1601.49 | 47.50 | |
| E0652 | Pneumatic compressor, segmental home model with calibrated gradient pressure | Yes | 2000.70 | 47.50 | |
| E0655 | Non-segmental pneumatic appliance for use with pneumatic compressor, half arm | Yes | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|----------------------------------------------------------|-------------------------------------------------------------------------------|---------|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E0660 | Non-segmental pneumatic appliance for use with pneumatic compressor, full leg | Yes | 82.65 | n/a | |
| E0665 | Non-segmental pneumatic appliance for use with pneumatic compressor, full arm | Yes | BI | n/a | |
| E0666 | Non-segmental pneumatic appliance for use with pneumatic compressor, half leg | Yes | BI | n/a | |
| E0667 | Segmental pneumatic appliance for use with pneumatic compressor, full leg | Yes | 266.95 | 47.50 | |
| E0668 | Segmental pneumatic appliance for use with pneumatic compressor, full arm | Yes | BI | 47.50 | |
| E0669 | Segmental pneumatic appliance for use with pneumatic compressor, half leg | Yes | BI | n/a | |
| S8420 | Gradient pressure aid (sleeve and glove combination), custom made | Yes | BI | n/a | |
| S8421 | Gradient pressure aid (sleeve and glove combination), ready made | Yes | BI | n/a | |
| S8422 | Gradient pressure aid (sleeve), custom made, medium weight | Yes | BI | n/a | |
| S8423 | Gradient pressure aid (sleeve), custom made, heavy weight | Yes | BI | n/a | |
| S8424 | Gradient pressure aid (sleeve), ready made | Yes | BI | n/a | |
| S8425 | Gradient pressure aid (glove), custom made, medium weight | Yes | BI | n/a | |
| S8426 | Gradient pressure aid (glove), custom made, heavy weight | Yes | BI | n/a | |
| S8427 | Gradient pressure aid (glove), ready made | Yes | BI | n/a | |
| S8428 | Gradient pressure aid (gauntlet), ready made | Yes | BI | n/a | |
| S8429 | Gradient pressure exterior wrap | Yes | BI | n/a | |
| S8430 | Padding for compression bandage, roll | Yes | BI | n/a | |
| S8431 | Compression bandage, roll | Yes | BI | n/a | |
| <u>WOUND THERAPY EQUIPMENT</u> | | | | | |
| K0538 | Negative pressure wound therapy electrical pump, stationary or portable | Yes | n/a | Per PAR | Price includes equipment & all supplies. 1 unit = one day rental. Requires Questionnaire #12. See Appendix P. |
| <u>REHABILITATION EQUIPMENT – SPECIALIZED USE</u> | | | | | |
| X2018 | Miscellaneous rehabilitation equipment not otherwise classified | Yes | | Per PAR | Must be submitted on paper. Must submit manufacturer's invoice with PAR. Rental and purchase based on percentage of invoice and rate will be determined at the time of PAR approval. PAR copy must be submitted with the claim. |
| X2196 | Helmet (to prevent injury from seizure/other medical condition) | Deleted | | | Deleted 12/31/02. See E0701. |
| E0701 | Helmet with face guard and soft interface material, prefabricated | Yes | BI | n/a | Effective 01/01/03. 1 unit = 1 helmet. Not for prevention of sports related injuries. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|------|-----------|-----|-----------------------|---------------------|----------|
|------|-----------|-----|-----------------------|---------------------|----------|

ORAL & ENTERAL NUTRITION, FORMULAE, EQUIPMENT & SUPPLIES – SPECIALIZED USE

Equipment, supplies & nutrients for enteral feeding or food supplements are a benefit when prescribed by a physician and prior authorized.

Items for oral & enteral formulae are based on caloric values unless otherwise noted. One item (unit) represents 100 calories. If a client requires 1,200 calories per day, total units for one month equals 360 (12 units per day times 30 days). If one can of formula contains 1,200 calories, a case of 12 cans represents 144 units (12 units per can times 12 cans per case). Do not enter units as the number of cans or cases of formulae provided. When submitting PARs, **complete Questionnaire #10, Appendix N**. When submitting claims, be sure to calculate & enter the number of items correctly. Bill X4155 per unit as designated on invoice.

Oral food supplements

| | | | | | |
|-------|-------------------------------------------------------------------------------------------------|---------|----|-----|---------------------------------------|
| X4150 | Oral formulae category I: Intact protein, protein isolates, per 100 calories | Deleted | | | Deleted 12/31/02. Use B4150-BO |
| X4151 | Oral formulae category I-A: Blenderized nutrients, per 100 calories | Deleted | | | Deleted 12/31/02. Use B4151-BO |
| X4152 | Oral formulae Category II: Intact protein/protein isolates, calorically dense, per 100 calories | Deleted | | | Deleted 12/31/02. Use B4152-BO |
| X4153 | Oral formulae Category III: Hydrolized protein/amino acids, per 100 calories | Deleted | | | Deleted 12/31/02. Use B4153-BO |
| X4154 | Oral formulae Category IV: Defined formulae for special metabolic needs, per 100 calories | Deleted | | | Deleted 12/31/02. Use B4154-BO |
| X4155 | Oral formulae Category V: Modular components (protein, carbohydrates, fat) | Yes | BI | n/a | See Appendix D. |
| X4156 | Oral formulae category VI: Standardized nutrients, per 100 calories | Deleted | | | Deleted 12/31/02. Use B4156-BO |
| B4100 | Food thickener, administered orally, per ounce | Yes | BI | n/a | Effective 01/01/03. 1 unit = 1 ounce. |

Enteral formulae

| | | | | | |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|-----|-----------------|
| B4150 | Enteral formulae; category I; Semi-synthetic intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit | Yes | .57 | n/a | See Appendix D. |
| B4151 | Enteral formulae; category I; Natural intact protein/protein isolates, administered through an enteral feeding tube, 100 calories = 1 unit | Yes | 1.22 | n/a | See Appendix D. |
| B4152 | Enteral formulae; category II; Intact protein/protein isolates (calorically dense) administered through an enteral feeding tube, 100 calories = 1 unit | Yes | .48 | n/a | See Appendix D. |
| B4153 | Enteral formulae; category III; Hydrolized protein/amino acids, administered through an enteral feeding tube, 100 calories = 1 unit | Yes | 1.62 | n/a | See Appendix D. |
| B4154 | Enteral formulae; category IV; Defined formulae for special metabolic need, administered through an enteral feeding tube, 100 calories = 1 unit | Yes | 1.56 | n/a | See Appendix D. |
| B4155 | Enteral formulae; category V: Modular components, administered through an enteral feeding tube, 100 calories = 1 unit | Yes | 2.77 | n/a | See Appendix D. |
| B4156 | Enteral formulae; category VI; Standardized nutrients, administered through an enteral feeding tube, 100 calories = 1 unit | Yes | 1.15 | n/a | See Appendix D. |

Enteral equipment & supplies

Note: See the feeding tube/changes and modifications in descriptions, and quantities specific to skin level devices. Quantities exceeding the allowed amount will require additional supporting documentation

| | | | | | |
|-------|------------------------------------------------------|-----|-------|-------|--|
| B9000 | Enteral nutrition infusion pump, without alarm, each | Yes | BI | 71.25 | |
| B9002 | Enteral nutrition infusion pump, with alarm, each | Yes | BI | 71.25 | |
| E0776 | IV pole | Yes | 95.00 | 14.25 | |

Reference B0300153

Note: CPT codes, descriptions, & 2 digit modifiers are copyright American Medical Association. All rights reserved.

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| E2000 | Gastric suction pump, home model, portable or stationary, electric | Yes | BI | n/a | |
| B4034 | Enteral feeding supply kit: Syringe type, to include syringes, tape and wipes, per day | Yes | 4.75 | n/a | 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. |
| B4035 | Enteral feeding supply kit: Pump fed type, to include pump sets, containers, syringes, tape & wipes, per day | Yes | 8.71 | n/a | 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. |
| B4036 | Enteral feeding supply kit: Gravity fed type, to include gavage sets, containers, syringes, tape & wipes, per day | Yes | 6.18 | n/a | 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. |
| B4081 | Nasogastric tubing with stylet, each | Yes | 15.91 | n/a | |
| B4082 | Nasogastric tubing without stylet, each | Yes | 12.33 | n/a | |
| B4083 | Stomach tube, Levine type, each | Yes | 1.81 | n/a | |
| X2263 | Skin level decompression tube | Yes | 14.25 | n/a | 1 unit = 1 tube. Quantity Allowed: 5-8 per month. |
| X2267 | Skin level gastrostomy device (not including decompression tube or feeding tube) | Yes | BI | n/a | 1 unit = 1 kit, including insertion supplies and feeding tube. Quantity Allowed: 1 per month |
| X2269 | Replacement skin level feeding tube (only for use with skin level device, right angle or straight adapter) | Yes | 14.25 | n/a | 1 unit = 1 tube. Quantity Allowed: 5-8 per month |
| B4086 | Gastrostomy/Jejunostomy tube, any material, any type, (standard or low profile), each | Yes | 16.04 | n/a | 1 unit = tube |
| A5200 | Percutaneous catheter/tube anchoring device, adhesive skin attachment | Yes | BI | n/a | 1 unit = 1 device. |
| B9998 | Miscellaneous enteral supplies not otherwise classified. (Extension sets [not included in feeding kit code] 24 hour use-one time use only as stated by manufacturer). | Yes | BI | Per PAR | Include description & quantities on PAR. For rental, must submit manufacturer's invoice with PAR. Rental based on percentage of invoice & rate will be determined at the time of PAR approval. PAR copy must be submitted with claim. Do not use for items included in supply kits. Quantity Allowed: 30 per month |
| E0602 | Breast Pump, manual, any type | No | 19.00 | n/a | Includes kit and all supplies. Only available for use with premature infants and infants in critical care, and only during period of infant hospitalization. |
| E0603 | Breast Pump, electric (AC and/or DC), any type | Yes | 40.85 | 2.14 | Includes breast pump and all supplies. Purchase is available only for use with premature infants and infants in critical care, and only during period of anticipated infant hospitalization of 27 days or more. Rental is available only for periods of infant hospitalization anticipated to be less than 27 days. When renting: 1 unit = 1 day. |
| A4281 | Tubing for breast pump, replacement | No | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| A4282 | Adapter for breast pump, replacement | Yes | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| A4283 | Cap for breast pump bottle, replacement | Yes | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| A4284 | Breast shield and splash protector for use with breast pump, replacement | Yes | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| A4286 | Locking ring for breast pump, replacement | Yes | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| S8265 | Haberman feeder for cleft lip/palate | Yes | Manual Price | n/a | Effective 01/01/03. Use this code for glass bottle, nipple, membrane, disc or collar. Must be billed on a paper claim. Bill one line for multiple components. Describe individual components and units of each item in comment section of the claim. It is not necessary to submit acquisition invoice with claim. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOME IV THERAPY – SPECIALIZED USE | | | | | |
| Home IV therapy, when utilized for total parenteral nutrition (TPN), the administration of antibiotics, the maintenance of electrolyte balances or hydration is a benefit of the Colorado Medicaid Program. Services must be prescribed by a physician and prior authorization is required. | | | | | |
| Home IV therapy equipment & supplies may be provided by pharmacies or suppliers. | | | | | |
| Biological preparation (IV nutrients, drug or other solutions), antibiotic solutions, and TPN solutions must be provided by a pharmacy & are billed on the Pharmacy claim form using NDC numbers. Prior authorization requests must reflect the appropriate NDC numbers. | | | | | |
| Parenteral equipment & supplies | | | | | |
| B9004 | Parenteral nutrition infusion pump, portable | Yes | BI | 237.50 | 1 unit = 1 month rental. |
| B9006 | Parenteral nutrition infusion pump, stationary | Yes | BI | 137.75 | 1 unit = 1 month rental. |
| E0791 | Parenteral infusion pump, stationary, single or multi channel | Yes | BI | 137.75 | 1 unit = 1 month rental. |
| E0781 | Ambulatory infusion pump, single or multiple channels, electric or battery operated, with administration equipment, worn by patient | Yes | 326.95 | n/a | 1 unit = 1 month supply. |
| A4305 | Disposable Drug Delivery System, flow rate of 50 ml or greater per hour | Yes | BI | n/a | 1 item = 1 system. |
| A4306 | Disposable Drug Delivery System, flow rate of 5 ml or less per hour | Yes | BI | n/a | 1 item = 1 system. |
| E0782 | Infusion Pump, implantable, non-programmable (includes all components, e.g., pump, catheter, connectors, etc.) | Yes | BI | n/a | 1 item = 1 pump with all components |
| E0779 | Ambulatory infusion pump, mechanical, reusable, for infusion 8 hours or greater | Yes | BI | Per PAR | 1 item = 1 pump. 8 hours or greater. |
| E0780 | Ambulatory infusion pump, mechanical, reusable, for infusion less than 8 hours. | Yes | BI | Per PAR | 1 item = 1 pump. Less than 8 hours. |
| K0455 | Infusion pump used for uninterrupted administration of epoprostenol | Yes | BI | Per PAR | 1 item = 1 system. 1 item = 1 month rental. |
| S5035 | Home infusion therapy, routine service of infusion device (e.g. pump maintenance) | Yes | 14.73 | n/a | For client owned equipment only. Cannot be billed with E1340 or X2975. Do not use for skilled nursing visits for initial or subsequent pump set-ups. 1 unit = 15 minutes |
| A4632 | Replacement battery for external infusion pump, any type, each | No | BI | n/a | Effective 01/01/03. Purchase for client owned equipment only. |
| S5036 | Home infusion therapy, repair of infusion device (e.g. pump repair) | Yes | 14.73 | n/a | For client owned equipment only. Cannot be billed with E1340 or X2975. Do not use for skilled nursing visits for initial or subsequent pump set-ups. |
| B4220 | Parenteral nutrition supply kit: Premix, including gloves, wipes, alcohol, acetone, providone iodine scrub, ointment, swab sticks, sponges, Heparin flush, tape, caps, syringes, needles, ketodiastic & destrucclip, per day | Yes | 5.80 | n/a | 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. |
| B4224 | Parenteral nutrition administration kit, includes luer lok & microfilter, pump cassettes, clamps, extension sets & connectors, per day | Yes | 19.00 | n/a | 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. |
| S5520 | Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion | Yes | BI | n/a | 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. |
| S5521 | Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion | Yes | BI | n/a | 1 item = 1 day's supplies which includes all or part of the listed items. Do not bill included items separately. |
| B9999 | Miscellaneous Parenteral supplies not otherwise classified | Yes | BI | n/a | Include description & quantity on PAR. Do not use for items included in kits. Submit paper claim with manufactures invoice attached. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------------|------------------------|
| <u>PROSTHETICS & ORTHOTICS</u> | | | | | |
| Prostheses and orthoses are a covered Medicaid benefit for the adult Medicaid population. The benefit includes such items as breast prostheses, braces, artificial limbs, augmentative communication devices, and orthopedic shoes for diabetic clients. These items must be prescribed by the client's physician and prior authorized before services are rendered. Prior authorization requests must be submitted to CFMC for review. The request must include the completed Questionnaire #11 (Appendix O), or Questionnaire #13 (Appendix R). Refer to DMERC orthotic and prosthetic list or HCPCS book 2003 for a complete listing of procedure codes. Medicaid coverage generally follows Medicare coverage. | | | | | |
| A4280 | Adhesive skin support attachment for use with external breast prosthesis, each | No | BI | n/a | 1 unit = 1 attachment. |
| <u>Diabetic Shoes, Fitting, and Modifications</u> | | | | | |
| A5500 | For diabetics only, fitting (including follow-up) custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe | No | 59.85 | n/a | |
| A5501 | For diabetics only, fitting (including follow-up) custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe), per shoe | No | 179.55 | n/a | |
| A5503 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with roller or rigid rocker bottom, per shoe | No | 30.40 | n/a | |
| A5504 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with wedge(s), per shoe | No | 30.40 | n/a | |
| A5505 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with metatarsal bar, per shoe | No | 30.40 | n/a | |
| A5506 | For diabetics only, modification (including fitting) of off-the-shelf depth-inlay shoe or custom molded shoe with off-set heel(s), per shoe | No | 30.40 | n/a | |
| A5507 | For diabetics only, not otherwise specified modification (including fitting) of off-the-shelf. Depth-inlay shoe or custom molded shoe, per shoe | No | BI | n/a | |
| A5508 | For diabetics only, deluxe feature of off-the-shelf depth-inlay shoe or custom molded shoe, per shoe | No | BI | n/a | |
| A5509 | For diabetics only, direct formed, molded to foot with external heat source (i.e., heat gun) multiple density insert(s), prefabricated, per shoe | No | BI | n/a | |
| A5510 | For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple density insert(s), prefabricated, per shoe | No | BI | n/a | |
| A5511 | For diabetics only, custom-molded from model of patient's foot, multiple density insert(s), custom-fabricated, per shoe | No | BI | n/a | |
| <u>Orthotic Devices – Spinal</u> | | | | | |
| <u>Cervical</u> | | | | | |
| S1040 | Cranial remolding orthosis, rigid, with soft interface material, custom fabricated, includes fitting and adjustment(s) | Yes* | BI | n/a | Effective 01/01/03. |
| L0100 | Cranial orthosis (helmet), with or without soft interface, molded to patient model | Yes* | 376.32 | n/a | Effective 01/01/03. |
| L0110 | Cranial orthosis (helmet), with or without soft-interface, non-molded | Yes* | 85.38 | n/a | Effective 01/01/03. |
| L0120 | Cervical, flexible, nonadjustable (foam collar) | No | 15.77 | n/a | Effective 01/01/03. |
| L0130 | Cervical, flexible, thermoplastic collar, molded to patient | Yes* | 71.98 | n/a | Effective 01/01/03. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|---------------------|
| L0140 | Cervical, semi-rigid, adjustable (plastic collar) | Yes* | 42.96 | n/a | Effective 01/01/03. |
| L0150 | Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece) | Yes* | 67.58 | n/a | Effective 01/01/03. |
| L0160 | Cervical, semi-rigid, wire frame occipital/mandibular support | Yes* | 78.97 | n/a | Effective 01/01/03. |
| L0170 | Cervical, collar, molded to patient model | Yes* | 357.32 | n/a | Effective 01/01/03. |
| L0172 | Cervical, collar, semi-rigid thermoplastic foam, two piece | Yes* | 78.38 | n/a | Effective 01/01/03. |
| L0174 | Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension <i>Multiple post collar</i> | Yes* | 190.96 | n/a | Effective 01/01/03. |
| L0180 | Cervical, multiple post collar occipital/mandibular supports, adjustable | Yes* | 220.21 | n/a | Effective 01/01/03. |
| L0190 | Cervical, multiple post collar, occipital/mandibular supports, adjustable cervical bars (Somi, Guilford, Taylor types) | Yes* | 305.69 | n/a | Effective 01/01/03. |
| L0200 | Cervical, multiple post collar, occipital/ mandibular supports, adjustable cervical bars, and thoracic extension Thoracic | Yes* | 336.09 | n/a | Effective 01/01/03. |
| L0210 | Thoracic rib belt | Yes* | 24.38 | n/a | Effective 01/01/03. |
| L0220 | Thoracic rib belt, custom fabricated <i>Thoracic-Lumbar-Sacral Orthosis (TLSO)</i> <i>Flexible</i> | Yes* | 71.46 | n/a | |
| L0300 | TLSO, flexible (dorso-lumbar surgical support) | Deleted | | | Deleted 12/31/02. |
| L0310 | TLSO, flexible (dorso-lumbar, surgical support), custom fabricated | Deleted | | | Deleted 12/31/02. |
| L0315 | TLSO flexible (dorso-lumbar surgical support), elastic type, with rigid posterior panel | Deleted | | | Deleted 12/31/02. |
| L0317 | TLSO, flexible (dorso-lumbar surgical support), hyperextension, elastic type, with rigid posterior panel <i>Anterior-posterior control</i> | Deleted | | | Deleted 12/31/02. |
| L0320 | TLSO, anterior posterior control (Taylor type), with apron front | Deleted | | | Deleted 12/31/02. |
| L0321 | TLSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated, (includes fitting and adjustment) | Deleted | | | Deleted 12/31/02. |
| L0330 | TLSO, anterior-posterior-lateral control (Knight-Taylor Type), with apron front | Deleted | | | Deleted 12/31/02. |
| L0331 | TLSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment) <i>Anterior-posterior-lateral-rotary control</i> | Deleted | | | Deleted 12/31/02. |
| L0340 | TLSO, anterior-posterior-lateral-rotary control (Arnold, Magnuson, Steindler types), with apron front | Deleted | | | Deleted 12/31/02. |
| L0350 | TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket, custom fitted | Deleted | | | Deleted 12/31/02. |
| L0360 | TLSO, anterior-posterior-lateral-rotary control, flexion compression jacket molded to patient model | Deleted | | | Deleted 12/31/02. |
| L0370 | TLSO, anterior-posterior-lateral-rotary control, hyperextension (Jewett, Lennox, Baker, Cash types) | Deleted | | | Deleted 12/31/02. |
| L0380 | TLSO, anterior-posterior-lateral-rotary control, with extensions | Deleted | | | Deleted 12/31/02. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|---------------------|
| L0390 | TLSO, anterior-posterior-lateral-rotary control molded to patient model | Deleted | | | Deleted 12/31/02. |
| L0391 | TLSO, anterior-posterior-lateral-rotary control, with rigid or semi-rigid posterior panel, prefabricated (includes fitting and adjustment) | Deleted | | | Deleted 12/31/02. |
| L0400 | TLSO, anterior-posterior-lateral control molded to patient model, with interface material | Deleted | | | Deleted 12/31/02. |
| L0410 | TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model | Deleted | | | Deleted 12/31/02. |
| L0420 | TLSO, anterior-posterior-lateral control, two-piece construction, molded to patient model, with interface material | Deleted | | | Deleted 12/31/02. |
| L0430 | TLSO, anterior-posterior-lateral control, with interface material, custom fitted | Deleted | | | Deleted 12/31/02. |
| L0440 | TLSO, anterior-posterior-lateral control, with overlapping front section, spring steel front, custom fitted | Deleted | | | Deleted 12/31/02. |
| L0450 | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0452 | TLSO, flexible, provides trunk support, upper thoracic region, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, custom fabricated | No | BI | n/a | Effective 01/01/03. |
| L0454 | TLSO flexible, provides trunk support, extends from sacrococcygeal junction to above T-9 vertebra, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks with rigid stays or panel(s), includes shoulder straps and closures, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0456 | TLSO, flexible, provides trunk support, thoracic region, rigid posterior panel and soft anterior apron, extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, restricts gross trunk motion in the sagittal plane, produces intracavitary pressure to reduce load on the intervertebral disks, includes straps and closures, refabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0458 | TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the xiphoid, soft liner, restricts gross trunk motion in the sagittal, coronal, and tranverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0460 | TLSO, triplanar control, modular segmented spinal system, two rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and tranverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L0462 | TLSO, triplanar control, modular segmented spinal system, three rigid plastic shells, posterior extends from the sacrococcygeal junction and terminates just inferior to the scapular spine, anterior extends from the symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in the sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0464 | TLSO, triplanar control, modular segmented spinal system, four rigid plastic shells, posterior extends from sacrococcygeal junction and terminates just inferior to capular spine, anterior extends from symphysis pubis to the sternal notch, soft liner, restricts gross trunk motion in sagittal, coronal, and transverse planes, lateral strength is provided by overlapping plastic and stabilizing closures, includes straps and closures, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0466 | TLSO, sagittal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, restricts gross trunk motion in sagittal plane, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0468 | TLSO, sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0470 | TLSO, triplanar control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction to scapula, lateral strength provided by pelvic, thoracic, and lateral frame pieces, rotational strength provided by subclavicular extensions, restricts gross trunk motion in sagittal, coronal, and transverse planes, produces intracavitary pressure to reduce load on the intervertebral disks, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0472 | TLSO, triplanar control, hyperextension, rigid anterior and lateral frame extends from symphysis pubis to sternal notch with two anterior components (one pubic and one sternal), posterior and lateral pads with straps and closures, limits spinal flexion, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes fitting and shaping the frame, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0476 | TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of the LS region, includes straps and closures, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|-------------------------------------------------------|
| L0478 | TLSO, sagittal-coronal control, flexion compression jacket, two rigid plastic shells with soft liner, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, usually laced together on one side, restricts gross trunk motion in sagittal and coronal planes, allows free flexion and compression of LS region, includes straps and closures, custom fabricated | No | BI | n/a | Effective 01/01/03. |
| L0480 | TLSO, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | No | BI | n/a | Effective 01/01/03. |
| L0482 | TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | No | BI | n/a | Effective 01/01/03. |
| L0484 | TLSO, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | No | BI | n/a | Effective 01/01/03. |
| L0486 | TLSO, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, lateral strength is enhanced by overlapping plastic, restricts gross trunk motion in the sagittal, coronal, and transverse planes, includes a carved plaster or CAD-CAM model, custom fabricated | No | BI | n/a | Effective 01/01/03. |
| L0488 | TLSO, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior extends from sacrococcygeal junction and terminates just inferior to scapular spine, anterior extends from symphysis pubis to sternal notch, anterior or posterior opening, restricts gross trunk motion in sagittal, coronal, and transverse planes, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L0490 | TLSO, sagittal-coronal control, one piece rigid plastic shell, with overlapping reinforced anterior, with multiple straps and closures, posterior extends from sacrococcygeal junction and terminates at or before the T-9 vertebra, anterior extends from symphysis pubis to xiphoid, anterior opening, restricts gross trunk motion in sagittal and coronal planes, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| | <u>Lumbar-Sacral Orthosis (LSO)</u> | | | | |
| | <i>Flexible</i> | | | | |
| L0500 | LSO, flexible (lumbar-sacral support) | No | 73.27 | n/a | (Support is not for obstetrical or obesity diagnosis) |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|-------------------------------------------------------|
| L0510 | LSO, flexible (lumbo-sacral support), custom fabricated | No | 85.78 | n/a | (Support is not for obstetrical or obesity diagnosis) |
| L0515 | LSO, anterior-posterior control, with rigid or semi-rigid posterior panel, prefabricated <u>Anterior-posterior-lateral control</u> | No | 118.57 | n/a | |
| L0520 | LSO, anterior-posterior-lateral control, (Knight, Wilcox types), with apron front <u>Anterior-posterior control</u> | No | 247.54 | n/a | |
| L0530 | LSO, anterior-posterior control (Macausland type), with apron front <u>Lumbar flexion</u> | No | 412.21 | n/a | |
| L0540 | LSO, lumbar flexion (Williams flexion type) | No | 346.63 | n/a | |
| L0550 | LSO, anterior-posterior-lateral control, molded to patient model | No | 921.12 | n/a | |
| L0560 | LSO, anterior-posterior-lateral control, molded to patient model, with interface material | No | 1031.17 | n/a | |
| L0561 | LSO, anterior-posterior-lateral control, with rigid or semi-rigid posterior panel, prefabricated | No | BI | n/a | |
| L0565 | LSO, anterior-posterior-lateral control, custom fitted Sacroiliac <u>Flexible</u> | No | 666.44 | n/a | |
| L0600 | Sacroiliac, flexible (sacroiliac surgical support) | No | 67.81 | n/a | |
| L0610 | Sacroiliac, flexible (sacroiliac surgical support), custom fabricated <u>Semi-rigid</u> | No | 169.86 | n/a | |
| L0620 | Sacroiliac, semi-rigid (Goldthwaite, Osgood types), with apron front Cervical-Thoracic-Lumbar-Sacral Orthosis (CTLSO) <u>Anterior-posterior-lateral control</u> | No | 251.62 | n/a | |
| L0700 | CTLSO, anterior-posterior-lateral control, molded to patient model (Minerva type) | No | 1086.44 | n/a | |
| L0710 | CTLSO, anterior-posterior-lateral control, molded to patient model, with interface material (Minerva type) <u>Halo procedure</u> | No | 1418.38 | n/a | |
| L0810 | Halo procedure, cervical halo incorporated into jacket vest | No | 1272.89 | n/a | |
| L0820 | Halo procedure, cervical halo incorporated into plaster body jacket | No | 1168.29 | n/a | |
| L0830 | Halo procedure, cervical halo incorporated into Milwaukee type orthosis Torso Supports <u>Ptosis supports</u> | No | 1816.65 | n/a | |
| L0900 | Torso support, ptosis support | Deleted | | | Deleted 12/31/02. |
| L0910 | Torso support, ptosis support, custom fabricated <u>Pendulous abdomen supports</u> | Deleted | | | Deleted 12/31/02. |
| L0920 | Torso support, pendulous abdomen support | Deleted | | | Deleted 12/31/02. |
| L0930 | Torso support, pendulous abdomen support, custom fabricated <u>Postsurgical supports</u> | Deleted | | | Deleted 12/31/02. |
| L0940 | Torso support, postsurgical support | Deleted | | | Deleted 12/31/02. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
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| L0950 | Torso support, postsurgical support, custom fabricated | Deleted | | | Deleted 12/31/02. |
| L0960 | Torso support, postsurgical support, pads for post surgical support | No | 41.06 | n/a | |
| | <u>Additions to Spinal Orthosis</u> | | | | |
| L0970 | TLSO, corset front | No | 117.03 | n/a | |
| L0972 | LSO, corset front | No | 64.21 | n/a | |
| L0974 | TLSO, full corset | No | 77.08 | n/a | |
| L0976 | LSO, full corset | No | 142.41 | n/a | |
| L0978 | Axillary crutch extension | No | 63.18 | n/a | |
| L0980 | Peroneal straps, pair | No | 10.18 | n/a | |
| L0982 | Stocking supporter grips, set of four (4) | No | 10.61 | n/a | |
| L0984 | Protective body sock, each | No | 39.61 | n/a | |
| L0986 | Addition to spinal orthosis, rigid or semi-rigid abdominal panel, prefabricated | Deleted | | | Deleted 12/31/02. |
| L0999 | Addition to spinal orthosis, NOS | No | BI | n/a | |
| | <u>Orthotic Devices - Scoliosis Procedures</u> | | | | |
| | <u>Cervical-thoracic-lumbar-sacral orthosis (CTLSO) (Milwaukee)</u> | | | | |
| L1000 | CTLSO (Milwaukee), inclusive of furnishing initial orthosis, including model | No | 1476.59 | n/a | |
| L1005 | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment | No | BI | n/a | |
| L1010 | Addition to CTLSO or scoliosis orthosis, axilla sling | No | 28.83 | n/a | |
| L1020 | Addition to CTLSO or scoliosis orthosis, kyphosis pad | No | 56.45 | n/a | |
| L1025 | Addition to CTLSO or scoliosis orthosis, kyphosis pad, floating | No | 82.13 | n/a | |
| L1030 | Addition to CTLSO or scoliosis orthosis, lumbar bolster pad | No | 37.80 | n/a | |
| L1040 | Addition to CTLSO or scoliosis orthosis, lumbar or lumbar rib pad | No | 42.82 | n/a | |
| L1050 | Addition to CTLSO or scoliosis orthosis, sternal pad | No | 49.49 | n/a | |
| L1060 | Additions to CTLSO or scoliosis orthosis, thoracic pad | No | 56.84 | n/a | |
| L1070 | Addition to CTLSO or scoliosis orthosis, trapezius sling | No | 41.08 | n/a | |
| L1080 | Addition to CTLSO or scoliosis orthosis, outrigger | No | 50.75 | n/a | |
| L1085 | Addition to CTLSO or scoliosis orthosis, outrigger, bilateral with vertical extensions | No | 53.86 | n/a | |
| L1090 | Addition to CTLSO or scoliosis orthosis, lumbar sling | No | 52.14 | n/a | |
| L1100 | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather | No | 60.25 | n/a | |
| L1110 | Addition to CTLSO or scoliosis orthosis, ring flange, plastic or leather, molded to patient model | No | 76.65 | n/a | |
| L1120 | Addition to CTLSO or scoliosis orthosis, cover for upright, each | No | 15.54 | n/a | |
| | <u>Thoracic-lumbar-sacral orthosis (TLSO) (Low Profile)</u> | | | | |
| L1200 | TLSO, inclusive of furnishing initial orthosis only | No | 1116.67 | n/a | |
| L1210 | Addition to TLSO, (low profile), lateral thoracic extension | No | 188.50 | n/a | |
| L1220 | Addition to TLSO, (low profile), anterior thoracic extension | No | 137.28 | n/a | |
| L1230 | Addition to TLSO, (low profile), Milwaukee type superstructure | No | 671.15 | n/a | |
| L1240 | Addition to TLSO, (low profile), lumbar derotation pad | No | 46.15 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------------|---------------------|
| L1250 | Addition to TLSO, (low profile), anterior ASIS pad | No | 27.97 | n/a | |
| L1260 | Addition to TLSO, (low profile), anterior thoracic derotation pad | No | 44.96 | n/a | |
| L1270 | Addition to TLSO, (low profile), abdominal pad | No | 38.32 | n/a | |
| L1280 | Addition to TLSO, (low profile), rib gusset (elastic), each | No | 51.26 | n/a | |
| L1290 | Addition to TLSO, (low profile), lateral trochanteric pad | No | 46.71 | n/a | |
| | <u>Other scoliosis procedures</u> | | | | |
| L1300 | Other scoliosis procedure, body jacket molded to patient model | No | 1233.73 | n/a | |
| L1310 | Other scoliosis procedure, postoperative body jacket | No | 1632.80 | n/a | |
| L1499 | Spinal orthosis, not otherwise specified | No | BI | n/a | |
| | <u>Thoracic-hip-knee-ankle orthosis (THKAO)</u> | | | | |
| L1500 | THKAO, mobility frame (Newington, Parapodium types) | Yes* | 1236.88 | n/a | |
| L1510 | THKAO, standing frame, with or without tray and accessories | Yes* | 923.86 | n/a | |
| L1520 | THKAO, swivel walker | Yes* | 1257.71 | n/a | |
| | <u>Orthotic Devices - Lower Limb</u> | | | | |
| | <u>Hip orthosis (HO) - Flexible</u> | | | | |
| L1600 | HO, abduction control of hip joints, flexible, Frejka type with cover, prefabricated, includes fitting and adjustment | No | 78.33 | n/a | |
| L1610 | HO, abduction control of hip joints, flexible, (Frejka cover only), prefabricated, includes fitting and adjustment | No | 24.34 | n/a | |
| L1620 | HO abduction control of hip joints, flexible, (Pavlik harness), prefabricated, includes fitting and adjustment | No | 79.63 | n/a | |
| L1630 | HO abduction control of hip joints, semi-flexible (Von Rosen type), custom fabricated | No | BI | n/a | |
| L1640 | HO, abduction control of hip joints, static, pelvic band or spreader bar, thigh cuffs, custom fabricated | No | 336.46 | n/a | |
| L1650 | HO, abduction control of hip joints, static, adjustable (Ilfeld type), prefabricated, includes fitting and adjustment | No | 155.04 | n/a | |
| L1652 | Hip orthosis, bilateral thigh cuffs with adjustable abductor spreader bar, adult size, prefabricated, includes fitting and adjustment, any type | No | BI | n/a | Effective 01/01/03. |
| L1660 | HO abduction control of hip joints, static, plastic, prefabricated, includes fitting and adjustment | No | 101.71 | n/a | |
| L1680 | HO abduction control of hip joints, dynamic, pelvic control, adjustable hip motion control, thigh cuffs (Rancho hip action type), custom fabricated | No | 724.12 | n/a | |
| L1685 | HO abduction control of hip joint, postoperative hip abduction type, custom fabricated | No | 522.52 | n/a | |
| L1686 | HO abduction control of hip joint, postoperative hip abduction type, prefabricated, includes fitting and adjustment | No | 611.01 | n/a | |
| L1690 | Combination, bilateral, lumbo-sacral, hip, femur orthosis providing adduction and internal rotation control, prefabricated, includes fitting and adjustment | No | 1242.55 | n/a | |
| | <u>Legg perthes</u> | | | | |
| L1700 | Legg Perthes orthosis, (Toronto type), custom fabricated | No | BI | n/a | |
| L1710 | Legg Perthes orthosis, (Newington type), custom fabricated | No | 978.23 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L1720 | Legg Perthes orthosis, trilateral, (Tachdijan type), custom fabricated | No | 852.91 | n/a | |
| L1730 | Legg Perthes orthosis, (Scottish Rite type), custom fabricated | No | 673.75 | n/a | |
| L1750 | Legg Perthes orthosis, Legg Perthes sling (Sam Brown type), prefabricated, includes fitting and adjustment | No | BI | n/a | |
| L1755 | Legg Perthes orthosis, (Patten bottom type), custom fabricated <u>Knee Orthosis (KO)</u> | No | BI | n/a | |
| E1810 | Dynamic adjustable knee extension/ flexion device, includes soft interface material | No | BI | n/a | Effective 01/01/03. |
| E1811 | Bi directional progressive stretch knee device with range of motion adjustment, includes cuffs | No | BI | n/a | Effective 01/01/03. |
| L1800 | KO, elastic with stays, prefabricated, includes fitting and adjustment | No | 39.54 | n/a | |
| L1810 | KO, elastic with joints, prefabricated, includes fitting and adjustment | No | 59.97 | n/a | |
| L1815 | KO, elastic or other elastic type material with condylar pad(s), prefabricated, includes fitting and adjustment | No | 57.58 | n/a | |
| L1820 | KO, elastic with condylar pads and joints, prefabricated, includes fitting and adjustment | No | 84.27 | n/a | |
| L1825 | KO, elastic knee cap, prefabricated, includes fitting and adjustment | No | 32.68 | n/a | |
| L1830 | KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment | No | 54.90 | n/a | |
| L1832 | KO, adjustable knee joints, positional orthosis, rigid support, prefabricated, includes fitting and adjustment | No | 328.47 | n/a | |
| L1834 | KO, without knee joint, rigid, custom fabricated | No | BI | n/a | |
| L1836 | KO, rigid, without joint(s), includes soft interface material, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L1840 | KO, derotation, medial-lateral, anterior cruciate ligament, custom fabricated | No | 496.80 | n/a | |
| L1843 | KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, includes varus/valgus adjustment, prefabricated, includes fitting and adjustment | No | 524.14 | n/a | |
| L1844 | KO, single upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, includes varus/valgus adjustment, custom fabricated | No | 969.79 | n/a | |
| L1845 | KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, prefabricated, includes fitting and adjustment | No | 501.70 | n/a | |
| L1846 | KO, double upright, thigh and calf, with adjustable flexion and extension joint, medial-lateral and rotation control, custom fabricated | No | BI | n/a | |
| L1847 | KO, double upright with adjustable joint, with inflatable air chamber(s), prefabricated, includes fitting and adjustment | No | BI | n/a | |
| L1850 | KO, Swedish type, prefabricated, includes fitting and adjustment | No | 220.44 | n/a | |
| L1855 | KO, molded plastic, thigh and calf sections, with double upright knee joints, custom fabricated | No | 593.69 | n/a | |
| L1858 | KO, molded plastic, polycentric knee joints, pneumatic knee pads (CTI), custom fabricated | No | 786.67 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L1860 | KO, modification of supracondylar prosthetic socket, custom fabricated (SK) | No | 637.72 | n/a | |
| L1870 | KO, double upright, thigh and calf lacers, with knee joints, custom fabricated | No | 445.66 | n/a | |
| L1880 | KO, double upright, nonmolded thigh and calf cuffs/lacers with knee joints, custom fabricated | No | 440.88 | n/a | |
| L1885 | KO, single or double upright, thigh and calf, with functional active resistance control, prefabricated, includes fitting and adjustment <u>Ankle-Foot Orthosis (AFO)</u> | No | BI | n/a | |
| E1815 | Dynamic adjustable ankle extension/flexion, includes soft interface material | No | BI | n/a | Effective 01/01/03. |
| E1816 | Bi-directional static progressive ankle device with range of motion adjustment, includes cuffs | No | BI | n/a | Effective 01/01/03. |
| L1900 | AFO, spring wire, dorsiflexion assist calf band, custom fabricated | No | BI | n/a | |
| L1901 | Ankle orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | No | BI | n/a | Effective 01/01/03. |
| L1902 | AFO, ankle gauntlet, prefabricated, includes fitting and adjustment | No | 47.44 | n/a | |
| L1904 | AFO, molded ankle gauntlet, custom fabricated | No | 329.37 | n/a | |
| L1906 | AFO, multiligamentous ankle support, prefabricated, includes fitting and adjustment | No | 95.29 | n/a | |
| L1910 | AFO, posterior, single bar, clasp attachment to shoe counter, prefabricated, includes fitting and adjustment | No | 198.85 | n/a | |
| L1920 | AFO, single upright with static or adjustable stop (Phelps or Peristein type), custom fabricated | No | 261.31 | n/a | |
| L1930 | AFO, plastic or other material, prefabricated, includes fitting and adjustment | No | 139.51 | n/a | |
| L1940 | AFO, plastic or other material, custom fabricated | No | 267.20 | n/a | |
| L1945 | AFO, molded to patient model, plastic, rigid anterior tibial section (floor reaction), custom fabricated | No | 540.34 | n/a | |
| L1950 | AFO, spiral, (IRM type), plastic, custom fabricated | No | 478.92 | n/a | |
| L1960 | AFO, posterior solid ankle, plastic, custom fabricated | No | 299.47 | n/a | |
| L1970 | AFO, plastic, with ankle joint, custom fabricated | No | 444.28 | n/a | |
| L1980 | AFO, single upright free plantar dorsiflexion, solid stirrup, calf band/cuff (single bar "BK" orthosis), custom fabricated | No | 243.68 | n/a | |
| L1990 | AFO, double upright free plantar dorsiflexion, solid stirrup, calf band/cuff (double bar "BK" orthosis), custom fabricated <u>Knee-Ankle-Foot Orthosis (KAFO) - or Any Combination</u> | No | 240.83 | n/a | |
| L2000 | KAFO, single upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), custom fabricated | No | 711.53 | n/a | |
| L2010 | KAFO, single upright, free ankle, solid stirrup, thigh and calf bands/cuffs (single bar "AK" orthosis), without knee joint, custom fabricated | No | 617.28 | n/a | |
| L2020 | KAFO, double upright, free knee, free ankle, solid stirrup, thigh and calf bands/cuffs (double bar "AK" orthosis), custom fabricated | No | 630.86 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| L2030 | KAFO, double upright, free ankle, solid stirrup, thigh and calf bands/cuffs, (double bar "AK" orthosis), without knee joint, custom fabricated | No | 602.05 | n/a | |
| L2035 | KAFO, full plastic, static, (pediatric size), prefabricated, includes fitting and adjustment | No | BI | n/a | |
| L2036 | KAFO, full plastic, double upright, free knee, custom fabricated | No | 1210.36 | n/a | |
| L2037 | KAFO, full plastic, single upright, free knee, custom fabricated | No | 989.87 | n/a | |
| L2038 | KAFO, full plastic without knee joint, multi-axis ankle, (Lively orthosis or equal), custom fabricated | No | 798.92 | n/a | |
| L2039 | KAFO, full plastic, single upright, poly-axial hinge, medial lateral rotation control, custom fabricated <u>Torsion Control: Hip-Knee-Ankle-Foot Orthosis (HKAFO)</u> | No | BI | n/a | |
| L2040 | HKAFO, torsion control, bilateral rotation straps, pelvic band/belt, custom fabricated | No | 137.11 | n/a | |
| L2050 | HKAFO, torsion control, bilateral torsion cables, hip joint, pelvic band/belt, custom fabricated | No | 377.52 | n/a | |
| L2060 | HKAFO, torsion control, bilateral torsion cables, ball bearing hip joint, pelvic band/belt, custom fabricated | No | 432.23 | n/a | |
| L2070 | HKAFO, torsion control, unilateral rotation straps, pelvic band/belt, custom fabricated | No | 75.09 | n/a | |
| L2080 | HKAFO, torsion control, unilateral torsion cable, hip joint, pelvic band/belt, custom fabricated | No | 213.76 | n/a | |
| L2090 | HKAFO, torsion control, unilateral torsion cable, ball bearing hip joint, pelvic band/belt, custom fabricated <u>Fracture orthosis</u> | No | 328.32 | n/a | |
| L2102 | AFO, fracture orthosis, tibial fracture cast orthosis, plaster type casting material, custom fabricated | No | 239.25 | n/a | |
| L2104 | AFO, fracture orthosis, tibial fracture cast orthosis, synthetic type casting material, custom fabricated | No | 293.33 | n/a | |
| L2106 | AFO, fracture orthosis, tibial fracture cast orthosis, thermoplastic type casting material, custom fabricated | No | 321.07 | n/a | |
| L2108 | AFO, fracture orthosis, tibial fracture cast orthosis, custom fabricated | No | 901.07 | n/a | |
| L2112 | AFO, fracture orthosis, tibial fracture orthosis, soft, prefabricated, includes fitting and adjustment | No | 277.28 | n/a | |
| L2114 | AFO, fracture orthosis, tibial fracture orthosis, semi-rigid, prefabricated, includes fitting and adjustment | No | 347.80 | n/a | |
| L2116 | AFO, fracture orthosis, tibial fracture orthosis, rigid, prefabricated, includes fitting and adjustment | No | 423.09 | n/a | |
| L2122 | KAFO, fracture orthosis, femoral fracture cast orthosis, plaster type casting material, custom fabricated | No | BI | n/a | |
| L2124 | KAFO, fracture orthosis, femoral fracture cast orthosis, synthetic type casting material, custom fabricated | No | 628.00 | n/a | |
| L2126 | KAFO, fracture orthosis, femoral fracture cast orthosis, thermoplastic type casting material, custom fabricated | No | 751.94 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|---------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| L2128 | KAFO, fracture orthosis, femoral fracture cast orthosis, custom fabricated | No | 1118.54 | n/a | |
| L2132 | KAFO, fracture orthosis, femoral fracture cast orthosis, soft, prefabricated, includes fitting and adjustment | No | BI | n/a | |
| L2134 | KAFO, fracture orthosis, femoral fracture cast orthosis, semi-rigid, prefabricated, includes fitting and adjustment | No | 617.28 | n/a | |
| L2136 | KAFO, fracture orthosis, femoral fracture cast orthosis, rigid, prefabricated, includes fitting and adjustment | No | 730.22 | n/a | |
| | <u>Additions to fracture orthosis</u> | | | | |
| L2180 | Addition to lower extremity fracture orthosis, plastic shoe insert with ankle joints | No | 90.63 | n/a | |
| L2182 | Additions to lower extremity fracture orthosis, drop lock knee joint | No | 25.90 | n/a | |
| L2184 | Addition to lower extremity fracture orthosis, limited motion knee joint | No | 72.47 | n/a | |
| L2186 | Addition to lower extremity fracture orthosis, adjustable motion knee joint, Lerman type | No | 92.75 | n/a | |
| L2188 | Addition to lower extremity fracture orthosis, quadrilateral brim | No | 186.47 | n/a | |
| L2190 | Addition to lower extremity fracture orthosis, waist belt | No | 53.14 | n/a | |
| L2192 | Addition to lower extremity fracture orthosis, hip joint, pelvic band, thigh flange, and pelvic belt | No | 225.26 | n/a | |
| | <u>Additions to lower extremity orthosis: Shoe-Ankle-Shin-Knee</u> | | | | |
| L2200 | Addition to lower extremity, limited ankle motion, each joint | No | 34.26 | n/a | |
| L2210 | Addition to lower extremity, dorsiflexion assist (plantar flexion resist), each joint | No | 53.26 | n/a | |
| L2220 | Addition to lower extremity, dorsiflexion and plantar flexion assist/resist, each joint | No | 63.06 | n/a | |
| L2230 | Addition to lower extremity, split flat caliper stirrups and plate attachment | No | 49.74 | n/a | |
| L2240 | Addition to lower extremity, round caliper and plate attachment | No | 49.70 | n/a | |
| L2250 | Addition to lower extremity, foot plate, molded to patient model, stirrup attached | No | 250.00 | n/a | |
| L2260 | Addition to lower extremity, reinforced solid stirrup (Scott-Craig type) | No | 136.23 | n/a | |
| L2265 | Addition lower extremity, long tongue stirrup | No | 69.99 | n/a | |
| L2270 | Addition to lower extremity, varus/valgus correction ("T") strap, padded/lined or malleolus pad | No | 35.06 | n/a | |
| L2275 | Addition to lower extremity, varus/valgus correction, plastic modification, padded/lined | No | 88.53 | n/a | |
| L2280 | Addition to lower extremity, molded inner boot | No | 244.64 | n/a | |
| L2300 | Addition to lower extremity, abduction bar (bilateral hip involvement), jointed, adjustable | No | 160.01 | n/a | |
| L2310 | Addition to lower extremity, abduction bar, straight | No | 104.61 | n/a | |
| L2320 | Addition to lower extremity, nonmolded lacer | No | 156.04 | n/a | |
| L2330 | Addition to lower extremity, lacer molded to patient model | No | 248.57 | n/a | |
| L2335 | Addition to lower extremity, anterior swing band | No | 141.66 | n/a | |
| L2340 | Addition to lower extremity, pretibial shell, molded to patient model | No | 265.61 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| L2350 | Addition to lower extremity, prosthetic type, (BK) socket, molded to patient model, (used for "PTB," "AFO" orthoses) | No | 618.53 | n/a | |
| L2360 | Addition to lower extremity, extended steel shank | No | 34.17 | n/a | |
| L2370 | Addition to lower extremity, Patten bottom | No | 152.00 | n/a | |
| L2375 | Addition to lower extremity, torsion control, ankle joint and half solid stirrup | No | 62.80 | n/a | |
| L2380 | Addition to lower extremity, torsion control, straight knee joint, each joint | No | 153.29 | n/a | |
| L2385 | Addition to lower extremity, straight knee joint, heavy duty, each joint | No | 106.13 | n/a | |
| L2390 | Addition to lower extremity, offset knee joint, each joint | No | 86.74 | n/a | |
| L2395 | Addition to lower extremity, offset knee joint, heavy duty, each joint | No | 110.49 | n/a | |
| L2397 | Addition to lower extremity orthosis, suspension sleeve | No | 76.54 | n/a | |
| | <u>Additions to straight knee or offset knee joints</u> | | | | |
| L2405 | Addition to knee joint, drop lock, each joint | No | 40.33 | n/a | |
| L2415 | Addition to knee lock with integrated release mechanism (bail, cable or equal), any material, each joint | No | 112.97 | n/a | |
| L2425 | Addition to knee joint, disc or dial lock for adjustable knee flexion, each joint | No | 129.31 | n/a | |
| L2430 | Addition to knee joint, ratchet lock for active and progressive knee extension, each joint | No | BI | n/a | |
| L2435 | Addition to knee joint, polycentric joint, each joint | No | 98.35 | n/a | |
| L2492 | Addition to knee joint, lift loop for drop lock ring | No | 66.98 | n/a | |
| | <u>Additions: Thigh/weight bearing – Gluteal/Ischial weight bearing</u> | | | | |
| L2500 | Addition to lower extremity, thigh/weight bearing, gluteal/ischial weight bearing, ring | No | 216.46 | n/a | |
| L2510 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, molded to patient model | No | 408.07 | n/a | |
| L2520 | Addition to lower extremity, thigh/weight bearing, quadri-lateral brim, custom fitted | No | 293.02 | n/a | |
| L2525 | Addition to lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim molded to patient model | No | 736.25 | n/a | |
| L2526 | Addition lower extremity, thigh/weight bearing, ischial containment/narrow M-L brim, custom fitted | No | 501.31 | n/a | |
| L2530 | Addition to lower extremity, thigh/weight bearing, lacer, nonmolded | No | 152.25 | n/a | |
| L2540 | Addition to lower extremity, thigh/weight bearing, lacer, molded to patient model | No | 262.55 | n/a | |
| L2550 | Addition to lower extremity, thigh/weight bearing, high roll cuff | No | 300.87 | n/a | |
| | <u>Additions: Pelvic and thoracic control</u> | | | | |
| L2570 | Addition to lower extremity, pelvic control, hip joint, Clevis type, two position joint, each | No | 283.07 | n/a | |
| L2580 | Addition to lower extremity, pelvic control, pelvic sling | No | 410.61 | n/a | |
| L2600 | Addition to lower extremity, pelvic control, hip joint, Clevis type, or thrust bearing, free, each | No | 132.53 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|---------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L2610 | Addition to lower extremity, pelvic control, hip joint, Clevis or thrust bearing, lock, each | No | 190.57 | n/a | |
| L2620 | Addition to lower extremity, pelvic control, hip joint, heavy-duty, each | No | 184.36 | n/a | |
| L2622 | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, each | No | 182.25 | n/a | |
| L2624 | Addition to lower extremity, pelvic control, hip joint, adjustable flexion, extension, abduction control, each | No | 196.80 | n/a | |
| L2627 | Addition to lower extremity, pelvic control, plastic, molded to patient model, reciprocating hip joint and cables | No | BI | n/a | |
| L2628 | Addition to lower extremity, pelvic control, metal frame, reciprocating hip joint and cables | No | 1206.90 | n/a | |
| L2630 | Addition to lower extremity, pelvic control, band and belt, unilateral | No | 196.21 | n/a | |
| L2640 | Addition to lower extremity, pelvic control, band and belt, bilateral | No | 199.72 | n/a | |
| L2650 | Addition to lower extremity, pelvic and thoracic control, gluteal pad, each | No | 71.20 | n/a | |
| L2660 | Addition to lower extremity, thoracic control, thoracic band | No | 301.92 | n/a | |
| L2670 | Addition to lower extremity, thoracic control, paraspinal uprights | No | 221.38 | n/a | |
| L2680 | Addition to lower extremity, thoracic control, lateral support uprights | No | 183.07 | n/a | |
| | <u>Additions: General</u> | | | | |
| E1830 | Dynamic adjustable toe extension/flexion device, includes soft interface material | No | BI | n/a | Effective 01/01/03. |
| L2750 | Addition to lower extremity orthosis, plating chrome or nickel, per bar | No | 33.14 | n/a | |
| L2755 | Addition to lower extremity orthosis, high strength, lightweight material, all hybrid lamination/prepreg composite, per segment | No | 83.94 | n/a | |
| L2760 | Addition to lower extremity orthosis, extension, per extension, per bar (for lineal adjustment for growth) | No | 48.15 | n/a | |
| L2768 | Orthotic side bar disconnect device, per bar | No | BI | n/a | |
| L2770 | Addition to lower extremity orthosis, any material, per bar or joint | No | 48.93 | n/a | |
| L2780 | Addition to lower extremity orthosis, noncorrosive finish, per bar | No | 40.22 | n/a | |
| L2785 | Addition to lower extremity orthosis, drop lock retainer, each | No | 18.84 | n/a | |
| L2795 | Addition to lower extremity orthosis, knee control, full kneecap | No | 50.49 | n/a | |
| L2800 | Addition to lower extremity orthosis, knee control, knee cap, medial or lateral pull | No | 69.52 | n/a | |
| L2810 | Addition to lower extremity orthosis, knee control, condylar pad | No | 46.42 | n/a | |
| L2820 | Addition to lower extremity orthosis, soft interface for molded plastic, below knee section | No | 62.56 | n/a | |
| L2830 | Addition to lower extremity orthosis soft interface for molded plastic, above knee section | No | 74.44 | n/a | |
| L2840 | Addition to lower extremity orthosis, tibial length sock, fracture or equal, each | No | 17.58 | n/a | |
| L2850 | Addition to lower extremity orthosis, femoral length sock, fracture or equal, each | No | 47.25 | n/a | |
| L2860 | Addition to lower extremity joint, knee or ankle, concentric adjustable torsion style mechanism, each | No | BI | n/a | |

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|-------|--------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------------|----------|
| L2999 | Lower extremity orthoses, NOS <u>Orthopedic shoes</u> <i>Inserts</i> | No | BI | n/a | |
| L3000 | Foot insert, removable, molded to patient model, "UCB" type, Berkeley shell, each | Yes* | 222.84 | n/a | |
| L3001 | Foot insert, removable, molded to patient model, Spenco, each | Yes* | BI | n/a | |
| L3002 | Foot insert, removable, molded to patient model, Plastazote or equal, each | Yes* | 114.58 | n/a | |
| L3003 | Foot insert, removable, molded to patient model, silicone gel, each | Yes* | BI | n/a | |
| L3010 | Foot insert, removable, molded to patient model, longitudinal arch support, each | Yes* | 123.60 | n/a | |
| L3020 | Foot insert, removable, molded to patient model, longitudinal/metatarsal support, each | Yes* | 140.74 | n/a | |
| L3030 | Foot insert, removable, formed to patient foot, each | Yes* | 54.13 | n/a | |
| L3040 | Foot, arch support, removable, premolded, longitudinal, each | Yes* | 33.37 | n/a | |
| L3050 | Foot, arch support, removable, premolded, metatarsal, each | Yes* | 33.37 | n/a | |
| L3060 | Foot, arch support, removable, premolded, longitudinal/metatarsal, each <i>Arch support, nonremovable, attached to shoe</i> | Yes* | 52.34 | n/a | |
| L3070 | Foot, arch support, nonremovable, attached to shoe, longitudinal, each | Yes* | 22.56 | n/a | |
| L3080 | Foot, arch support, nonremovable attached to shoe, metatarsal, each | Yes* | 22.56 | n/a | |
| L3090 | Foot, arch support, nonremovable attached to shoe, longitudinal/metatarsal, each | Yes* | BI | n/a | |
| L3100 | Hallus-valgus night dynamic splint <i>Abduction and rotation bars</i> | Yes* | 30.69 | n/a | |
| L3140 | Foot, abduction rotation bar, including shoes | Yes* | 63.15 | n/a | |
| L3150 | Foot, abduction rotation bar, without shoes | Yes* | 57.74 | n/a | |
| L3160 | Foot, adjustable shoe-styled positioning device | Yes* | BI | n/a | |
| L3170 | Foot, plastic heel stabilizer <i>Orthopedic footwear</i> | Yes* | 50.46 | n/a | |
| L3201 | Orthopedic shoe, oxford with supinator or pronator, Infant | No | 50.46 | n/a | |
| L3202 | Orthopedic shoe, oxford with supinator or pronator, Child | No | 43.04 | n/a | |
| L3203 | Orthopedic shoe, oxford with supinator or pronator, Junior | No | BI | n/a | |
| L3204 | Orthopedic shoe, hightop with supinator or pronator, Infant | No | 50.46 | n/a | |
| L3206 | Orthopedic shoe, hightop with supinator or pronator, Child | No | BI | n/a | |
| L3207 | Orthopedic shoe, hightop with supinator or pronator, Junior | No | 114.00 | n/a | |
| L3208 | Surgical boot, each, infant | No | BI | n/a | |
| L3209 | Surgical boot, each, child | No | 66.86 | n/a | |
| L3211 | Surgical boot, each, junior | No | BI | n/a | |
| L3212 | Benesch boot, pair, infant | No | 68.99 | n/a | |
| L3213 | Benesch boot, pair, child | No | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------|---------|-----------------------|---------------------|------------------------------|
| L3214 | Benesch boot, pair, junior | No | 99.23 | n/a | |
| L3215 | Orthopedic footwear, woman's shoes, oxford | Yes* | 114.00 | n/a | |
| L3216 | Orthopedic footwear, woman's shoes, depth inlay | Yes* | 114.00 | n/a | |
| L3217 | Orthopedic footwear, woman's shoes, hightop, depth inlay | Yes* | BI | n/a | |
| L3218 | Orthopedic footwear, woman's surgical boot, each | Deleted | | | Deleted 12/31/02. |
| L3219 | Orthopedic footwear, man's shoes, oxford | Deleted | | | Deleted 12/31/02. See L3260. |
| L3221 | Orthopedic footwear, man's shoes, depth inlay | Yes* | BI | n/a | |
| L3222 | Orthopedic footwear, man's shoes, hightop, depth inlay | Yes* | BI | n/a | |
| L3223 | Orthopedic footwear, man's surgical boot, each | Deleted | | | Deleted 12/31/02. See L3260. |
| L3224 | Orthopedic footwear woman's shoe, oxford, used as an integral part of a brace (orthosis) | Yes* | 37.99 | n/a | |
| L3225 | Orthopedic footwear man's shoe, oxford, used as an integral part of a brace (orthosis) | Yes* | BI | n/a | |
| L3230 | Orthopedic footwear, custom shoes, depth inlay | Yes* | 237.50 | n/a | |
| L3250 | Orthopedic footwear, custom molded shoe, removable inner mold, prosthetic shoe, each | Yes* | BI | n/a | |
| L3251 | Foot, shoe molded to patient model, silicone shoe, each | Yes* | BI | n/a | |
| L3252 | Foot, shoe molded to patient model, Plastazote (or similar), custom fabricated, each | Yes* | 237.50 | n/a | |
| L3253 | Foot, molded shoe Plastozote (or similar), custom fitted, each | Yes* | BI | n/a | |
| L3254 | Nonstandard size or width | Yes* | BI | n/a | |
| L3255 | Nonstandard size or length | Yes* | BI | n/a | |
| L3257 | Orthopedic footwear, additional charge for split size | Yes* | BI | n/a | |
| L3260 | Surgical boot/shoe, each | Yes* | 152.00 | n/a | |
| L3265 | Plastazote sandal, each | Yes* | 104.27 | n/a | |
| | <u>Shoe modification - lifts</u> | | | | |
| L3300 | Lift, elevation, heel, tapered to metatarsals, per inch | Yes* | 37.00 | n/a | |
| L3310 | Lift, elevation, heel and sole, neoprene, per inch | Yes* | 57.74 | n/a | |
| L3320 | Lift, elevation, heel and sole, cork, per inch | Yes* | 60.73 | n/a | |
| L3330 | Lift, elevation, metal extension (skate) | Yes* | BI | n/a | |
| L3332 | Lift, elevation, inside shoe, tapered, up to one-half inch | Yes* | 52.34 | n/a | |
| L3334 | Lift, elevation, heel, per inch | Yes* | BI | n/a | |
| | <u>Shoe modification - wedges</u> | | | | |
| L3340 | Heel wedge, SACH | Yes* | BI | n/a | |
| L3350 | Heel wedge | Yes* | 16.25 | n/a | |
| L3360 | Sole wedge, outside sole | Yes* | 25.26 | n/a | |
| L3370 | Sole wedge, between sole | Yes* | 35.19 | n/a | |
| L3380 | Clubfoot wedge | Yes* | 35.19 | n/a | |
| L3390 | Outflare wedge | Yes* | BI | n/a | |
| L3400 | Metatarsal bar wedge, rocker | Yes* | 28.87 | n/a | |
| L3410 | Metatarsal bar wedge, between sole | Yes* | BI | n/a | |
| L3420 | Full sole and heel wedge, between sole | Yes* | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|---------------------------------------------|---------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------------|---------------------|
| <i>Shoe modifications - heels</i> | | | | | |
| L3430 | Heel, counter, plastic reinforced | Yes* | BI | n/a | |
| L3440 | Heel, counter, leather reinforced | Yes* | BI | n/a | |
| L3450 | Heel, SACH cushion type | Yes* | BI | n/a | |
| L3455 | Heel, new leather, standard | Yes* | BI | n/a | |
| L3460 | Heel, new rubber, standard | Yes* | 24.62 | n/a | |
| L3465 | Heel, Thomas with wedge | Yes* | BI | n/a | |
| L3470 | Heel, Thomas extended to ball | Yes* | BI | n/a | |
| L3480 | Heel, pad and depression for spur | Yes* | BI | n/a | |
| L3485 | Heel, pad, removable for spur | Yes* | 24.62 | n/a | |
| <i>Miscellaneous shoe additions</i> | | | | | |
| L3500 | Orthopedic shoe addition, insole, leather | Yes* | BI | n/a | |
| L3510 | Orthopedic shoe addition, insole, rubber | Yes* | BI | n/a | |
| L3520 | Orthopedic shoe addition, insole, felt covered with leather | Yes* | BI | n/a | |
| L3530 | Orthopedic shoe addition, sole, half | Yes* | BI | n/a | |
| L3540 | Orthopedic shoe addition, sole, full | Yes* | BI | n/a | |
| L3550 | Orthopedic shoe addition, toe tap, standard | Yes* | BI | n/a | |
| L3560 | Orthopedic shoe addition, toe tap, horseshoe | Yes* | BI | n/a | |
| L3570 | Orthopedic shoe addition, special extension to instep (leather with eyelets) | Yes* | BI | n/a | |
| L3580 | Orthopedic shoe addition, convert instep to velcro closure | Yes* | BI | n/a | |
| L3590 | Orthopedic shoe addition, convert firm shoe counter to soft counter | Yes* | BI | n/a | |
| L3595 | Orthopedic shoe addition, March bar | Yes* | BI | n/a | |
| <i>Transfer or replacement</i> | | | | | |
| L3600 | Transfer of an orthosis from one shoe to another, caliper plate, existing | Yes* | BI | n/a | |
| L3610 | Transfer of an orthosis from one shoe to another, caliper plate, new | Yes* | BI | n/a | |
| L3620 | Transfer of an orthosis from one shoe to another, solid stirrup, existing | Yes* | BI | n/a | |
| L3630 | Transfer of an orthosis from one shoe to another, solid stirrup, new | Yes* | BI | n/a | |
| L3640 | Transfer of an orthosis from one shoe to another, Dennis Browne splint (Riveton), both shoes | Yes* | 30.68 | n/a | |
| L3649 | Orthopedic shoe, modification, additional or transfer, NOS | Yes* | BI | n/a | |
| <u>Orthotic Devices – Upper Limb</u> | | | | | |
| <i>Shoulder Orthosis (SO)</i> | | | | | |
| L3650 | SO, figure of eight design abduction re-strainer, prefabricated, includes fitting and adjustment | No | 17.06 | n/a | |
| L3651 | SO, single shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | No | BI | n/a | Effective 01/01/03. |
| L3652 | SO, double shoulder, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | No | BI | n/a | Effective 01/01/03. |
| L3660 | SO, figure of eight design abduction restrainer, canvas and webbing, prefabricated, includes fitting and adjustment | No | 78.00 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L3670 | SO, acromio/clavicular (canvas and webbing type), prefabricated, includes fitting and adjustment | No | 52.56 | n/a | |
| L3675 | SO, vest type abduction restrainer, canvas webbing type, or equal, prefabricated, includes fitting and adjustment | No | BI | n/a | |
| L3677 | SO, hard plastic, shoulder stabilizer, prefabricated, includes fitting and adjustment | No | BI | n/a | |
| | <u>Elbow Orthosis (EO)</u> | | | | |
| E1800 | Dynamic adjustable elbow extension/flexion device, includes soft interface material | No | BI | n/a | Effective 01/01/03. |
| E1801 | Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs | No | BI | n/a | Effective 01/01/03. |
| L3700 | EO, elastic with stays, prefabricated, includes fitting and adjustment | No | 40.59 | n/a | |
| L3701 | EO, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | No | BI | n/a | Effective 01/01/03. |
| L3710 | EO, elastic with metal joints, prefabricated, includes fitting and adjustment | No | 71.90 | n/a | |
| E1802 | Dynamic adjustable forearm pronation/supination device, includes soft interface material | No | BI | n/a | Effective 01/01/03. |
| L3720 | EO, double upright with forearm/arm cuffs, free motion custom fabricated | No | BI | n/a | |
| L3730 | EO, double upright with forearm/arm cuffs, extension/flexion assist, custom fabricated | No | 476.59 | n/a | |
| L3740 | EO, double upright with forearm/arm cuffs, adjustable position lock with active control, custom fabricated | No | 621.53 | n/a | |
| E1818 | Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes cuffs | No | BI | n/a | Effective 01/01/03. |
| L3760 | EO with adjustable position locking joint(s), prefabricated, includes fitting and adjustments, any type | No | BI | n/a | |
| L3762 | EO, rigid, without joints, includes soft interface material, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| E1825 | Dynamic adjustable finger extension/flexion device, includes soft interface material | No | BI | n/a | Effective 01/01/03. |
| | <u>Wrist-Hand-Finger Orthosis (WHFO)</u> | | | | |
| L3800 | WHFO, short opponens, no attachments, custom fabricated | No | 155.05 | n/a | |
| L3805 | WHFO, long opponens, no attachment, custom fabricated | No | 219.78 | n/a | |
| L3807 | WHFO, without joint(s), prefabricated, includes fitting and adjustments, any type | No | BI | n/a | |
| L3810 | WHFO, additions to short and long opponens, thumb abduction ("C") bar | No | 50.26 | n/a | |
| L3815 | WHFO, addition to short and long opponens, second M.P. abduction assist | No | 48.16 | n/a | |
| L3820 | WHFO, addition to short and long opponens, I.P. extension assist, with M.P. extension stop | No | 65.77 | n/a | |
| L3825 | WHFO, addition to short and long opponens, M.P. extension stop | No | 49.46 | n/a | |
| L3830 | WHFO, addition to short and long opponens, M.P. extension assist | No | 57.48 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L3835 | WHFO, addition to short and long opponens, M.P. spring extension assist | No | 64.73 | n/a | |
| L3840 | WHFO, addition to short and long opponens, spring swivel thumb | No | 45.10 | n/a | |
| L3845 | WHFO, addition to short and long opponens, thumb I. P. extension assist, with M. P. stop | No | 55.93 | n/a | |
| L3850 | WHFO, addition to short and long opponens, action wrist, with dorsiflexion assist | No | 66.29 | n/a | |
| L3855 | WHFO, addition to short and long opponens, adjustable M.P. flexion control | No | 64.21 | n/a | |
| L3860 | WHFO, addition to short and long opponens, adjustable M.P. flexion control and I.P. | No | 98.90 | n/a | |
| L3890 | Addition to upper extremity joint, wrist or elbow, concentric adjustable torsion style mechanism, each <i>Dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension</i> | No | BI | n/a | |
| L3900 | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, wrist or finger driven, custom fabricated | No | 752.50 | n/a | |
| L3901 | WHFO, dynamic flexor hinge, reciprocal wrist extension/flexion, finger flexion/extension, cable driven, custom fabricated | No | 880.36 | n/a | |
| E1805 | Dynamic adjustable wrist extension/flexion device, includes soft interface material | No | BI | n/a | Effective 01/01/03. |
| E1806 | Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs <i>External power</i> | No | BI | n/a | Effective 01/01/03. |
| L3902 | WHFO, external powered, compressed gas, custom fabricated | No | 1461.55 | n/a | |
| L3904 | WHFO, external powered, electric, custom fabricated <i>Other WHFOs – Custom fitted</i> | No | 1488.36 | n/a | |
| L3906 | WHO, wrist gauntlet molded to patient model, custom fabricated | No | 244.40 | n/a | |
| L3907 | WHFO, wrist gauntlet with thumb spica, molded to patient model, custom fabricated | No | 268.57 | n/a | |
| L3908 | WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment | No | 31.67 | n/a | |
| L3909 | Wrist orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | No | BI | n/a | Effective 01/01/03. |
| L3910 | WHFO, Swanson design, prefabricated, includes fitting and adjustment | No | 257.62 | n/a | |
| L3911 | Wrist hand finger orthosis, elastic, prefabricated, includes fitting and adjustment (e.g., neoprene, Lycra) | No | BI | n/a | Effective 01/01/03. |
| L3912 | HFO, flexion glove with elastic finger control, prefabricated, includes fitting and adjustment | No | 74.06 | n/a | |
| L3914 | WHO, wrist extension cock-up, prefabricated, includes fitting and adjustment | No | 49.85 | n/a | |
| L3916 | WHFO, wrist extension cock-up, with outrigger, prefabricated, includes fitting and adjustment | No | 58.52 | n/a | |
| L3918 | HFO, knuckle bender, prefabricated, includes fitting and adjustment | No | 40.39 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| L3920 | HFO, knuckle bender, with outrigger, prefabricated, includes fitting and adjustment | No | 44.28 | n/a | |
| L3922 | HFO, knuckle bender, two segment to flex joints, prefabricated, includes fitting and adjustment | No | 42.47 | n/a | |
| L3923 | HFO, without joint(s), prefabricated, includes fitting and adjustments, any type | No | BI | n/a | |
| L3924 | WHFO, Oppenheimer, prefabricated, includes fitting and adjustment | No | 44.01 | n/a | |
| L3926 | WHFO, Thomas suspension, prefabricated, includes fitting and adjustment | No | 45.06 | n/a | |
| L3928 | HFO, finger extension, with clock spring, prefabricated, includes fitting and adjustment | No | 28.22 | n/a | |
| L3930 | WHFO, finger extension, with wrist support, prefabricated, includes fitting and adjustment | No | 35.78 | n/a | |
| L3932 | FO, safety pin, spring wire, prefabricated, includes fitting and adjustment | No | 24.08 | n/a | |
| L3934 | FO, safety pin, modified, prefabricated, includes fitting and adjustment | No | 28.03 | n/a | |
| L3936 | WHFO, Palmer, prefabricated, includes fitting and adjustment | No | 41.43 | n/a | |
| L3938 | WHFO, dorsal, wrist, prefabricated, includes fitting and adjustment | No | 54.25 | n/a | |
| L3940 | WHFO, dorsal wrist, with outrigger attachment, prefabricated, includes fitting and adjustment | No | 50.23 | n/a | |
| L3942 | HFO, reverse knuckle bender, prefabricated, includes fitting and adjustment | No | 41.43 | n/a | |
| L3944 | HFO, reverse knuckle bender, with outrigger, prefabricated, includes fitting and adjustment | No | 57.11 | n/a | |
| L3946 | HFO, composite elastic, prefabricated, includes fitting and adjustment | No | 46.09 | n/a | |
| L3948 | FO, finger knuckle bender, prefabricated, includes fitting and adjustment | No | 29.26 | n/a | |
| L3950 | WHFO, combination Oppenheimer, with knuckle bender and two attachments, prefabricated, includes fitting and adjustment | No | 69.13 | n/a | |
| L3952 | WHFO, combination Oppenheimer, with reverse knuckle and two attachments, prefabricated, includes fitting and adjustment | No | 74.57 | n/a | |
| L3954 | HFO, spreading hand, prefabricated, includes fitting and adjustment | No | 43.50 | n/a | |
| L3956 | Addition of joint to upper extremity orthosis, any material; per joint | No | BI | n/a | |
| | <u>Shoulder-Elbow-Wrist-Hand Orthosis (SEWHO)</u> | | | | |
| | <i>Abduction position, custom fitted</i> | | | | |
| L3960 | SEWHO, abduction positioning, airplane design prefabricated, includes fitting and adjustment | No | 427.41 | n/a | |
| L3962 | SEWHO, abduction positioning, Erb's palsey design, prefabricated, includes fitting and adjustment | No | 391.29 | n/a | |
| L3963 | SEWHO, molded shoulder, arm, forearm, and wrist, with articulating elbow joint, custom fabricated | No | BI | n/a | |
| L3964 | SEO, mobile arm support attached to wheelchair, balanced, adjustable, prefabricated, includes fitting and adjustment | No | BI | n/a | |
| L3965 | SEO, mobile arm support attached to wheelchair, balanced, adjustable Rancho type, prefabricated, includes fitting and adjustment | No | 724.61 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L3966 | SEO, mobile arm support attached to wheelchair, balanced, reclining, prefabricated, includes fitting and adjustment | No | 545.88 | n/a | |
| L3968 | SEO, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints), prefabricated, includes fitting and adjustment | No | 565.50 | n/a | |
| L3969 | SEO, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type arm suspension support, prefabricated, includes fitting and adjustment <i>Additions to mobile arm supports</i> | No | 483.08 | n/a | |
| L3970 | SEO, addition to mobile arm support, elevating proximal arm | No | 217.50 | n/a | |
| L3972 | SEO, addition to mobile arm support, offset or lateral rocker arm with elastic balance control | No | 126.89 | n/a | |
| L3974 | SEO, addition to mobile arm support, supinator <i>Fracture orthosis</i> | No | 106.28 | n/a | |
| L3980 | Upper extremity fracture orthosis, humeral, prefabricated, includes fitting and adjustment | No | 179.79 | n/a | |
| L3982 | Upper extremity fracture orthosis, radius/ulnar, prefabricated, includes fitting and adjustment | No | 222.29 | n/a | |
| L3984 | Upper extremity fracture orthosis, wrist, prefabricated, includes fitting and adjustment | No | 247.53 | n/a | |
| L3985 | Upper extremity fracture orthosis, forearm, hand with wrist hinge, custom fabricated | No | BI | n/a | |
| L3986 | Upper extremity fracture orthosis, combination of humeral, radius/ulnar, wrist (example: Colles' fracture), custom fabricated | No | 323.67 | n/a | |
| L3995 | Addition to upper extremity orthosis, sock, fracture or equal, each | No | 19.02 | n/a | |
| L3999 | Upper limb orthosis, NOS <i>Specific repair</i> | No | BI | n/a | |
| E1820 | Replacement soft interface material, dynamic adjustable extension/flexion device | No | BI | n/a | Effective 01/01/03. |
| E1821 | Replacement soft interface material/cuffs for bi-directional static progressive stretch device | No | BI | n/a | Effective 01/01/03. |
| L4000 | Replace girdle for spinal orthosis (CTLSO or SO) | No | 688.75 | n/a | |
| L4010 | Replace trilateral socket brim | No | 345.93 | n/a | |
| L4020 | Replace quadrilateral socket brim, molded to patient model | No | 381.15 | n/a | |
| L4030 | Replace quadrilateral socket brim, custom fitted | No | 255.83 | n/a | |
| L4040 | Replace molded thigh lacer | No | 255.83 | n/a | |
| L4045 | Replace non-molded thigh lacer | No | 259.89 | n/a | |
| L4050 | Replace molded calf lacer | No | 227.86 | n/a | |
| L4055 | Replace nonmolded calf lacer | No | 157.80 | n/a | |
| L4060 | Replace high roll cuff | No | 255.83 | n/a | |
| L4070 | Replace proximal and distal upright for KAFO | No | 233.04 | n/a | |
| L4080 | Replace metal bands KAFO, proximal thigh | No | 65.25 | n/a | |
| L4090 | Replace metal bands KAFO-AFO, calf or distal thigh | No | 62.14 | n/a | |
| L4100 | Replace leather cuff KAFO, proximal thigh | No | 59.42 | n/a | |

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| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L4110 | Replace leather cuff KAFO-AFO, calf or distal thigh | No | 53.67 | n/a | |
| L4130 | Replace pretibial shell | No | 248.57 | n/a | |
| | <u>Repairs</u> | | | | |
| L4205 | Repair of orthotic device, labor component, per 15 minutes | No | BI | n/a | |
| L4210 | Repair of orthotic device, repair or replace minor parts | No | BI | n/a | |
| L4350 | Pneumatic ankle control splint, prefabricated, includes fitting and adjustment | No | 48.29 | n/a | |
| L4360 | Pneumatic ankle foot orthosis, with or without joints, prefabricated, includes fitting and adjustment | No | 161.43 | n/a | |
| L4370 | Pneumatic full leg splint, prefabricated, includes fitting and adjustment | No | 123.06 | n/a | |
| L4380 | Pneumatic knee splint, prefabricated, includes fitting and adjustment | No | 63.84 | n/a | |
| L4386 | Non-pneumatic walking splint, with or without joints, prefabricated, includes fitting and adjustment | No | BI | n/a | Effective 01/01/03. |
| L4392 | Replacement soft interface material, static AFO | No | BI | n/a | |
| L4394 | Replace soft interface material, foot drop splint | No | BI | n/a | |
| L4396 | Static ankle foot orthosis, including soft interface material, adjustable for fit, for positioning, pressure reduction, may be used for minimal ambulation, prefabricated, includes fitting and adjustment | No | 105.89 | n/a | |
| L4398 | Foot drop splint recumbent positioning device, prefabricated, includes fitting and adjustment | No | BI | n/a | |
| | <u>Prosthetic Procedures L5000-L9999</u> | | | | |
| | <u>Lower limb</u> | | | | |
| | <u>Partial foot</u> | | | | |
| L5000 | Partial foot, shoe insert with longitudinal arch, toe filler | No | 319.90 | n/a | |
| L5010 | Partial foot, molded socket, ankle height, with toe filler | No | 845.64 | n/a | |
| L5020 | Partial foot, molded socket, tibial tubercle height, with toe filler | No | 1483.71 | n/a | |
| | <u>Ankle</u> | | | | |
| L5050 | Ankle, Symes, molded socket, SACH foot | No | 1576.33 | n/a | |
| L5060 | Ankle, Symes, metal frame, molded leather socket, articulated ankle/foot | No | 1975.28 | n/a | |
| | <u>Below knee</u> | | | | |
| L5100 | Below knee, molded socket, shin, SACH foot | No | 1471.56 | n/a | |
| L5105 | Below knee, plastic socket, joints and thigh lacer, SACH foot | No | 2412.92 | n/a | |
| | <u>Knee disarticulation</u> | | | | |
| L5150 | Knee disarticulation (or through knee), molded socket, external knee joints, shin, SACH foot | No | 2438.31 | n/a | |
| L5160 | Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, SACH foot | No | 2603.13 | n/a | |
| | <u>Above knee</u> | | | | |
| L5200 | Above knee, molded socket, single axis constant friction knee, shin, SACH foot | No | 2207.73 | n/a | |
| L5210 | Above knee, short prosthesis, no knee joint ("stubbies"), with foot blocks, no ankle joints, each | No | 1748.99 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| L5220 | Above knee, short prosthesis, no knee joint (stubbies), with articulated ankle/foot, dynamically aligned, each | No | 1899.60 | n/a | |
| L5230 | Above knee, for proximal femoral focal deficiency, constant friction knee, shin, SACH foot <i>Hip disarticulation</i> | No | 3211.53 | n/a | |
| L5250 | Hip disarticulation, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | No | 3707.58 | n/a | |
| L5270 | Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin SACH foot <i>Hemipelvectomy</i> | No | 3746.15 | n/a | |
| L5280 | Hemipelvectomy, Canadian type; molded socket, hip joint, single axis constant friction knee, shin, SACH foot | No | 3931.02 | n/a | |
| L5301 | Below knee, molded socket, shin, SACH foot, endoskeletal system | No | 1673.34 | n/a | |
| L5311 | Knee disarticulation (or through knee), molded socket, external knee joints, shin SACH foot, endoskeletal system | No | 2937.31 | n/a | |
| L5321 | Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee | No | 2684.60 | n/a | |
| L5331 | Hip disarticulation, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot | No | 4285.51 | n/a | |
| L5341 | Hemipelvectomy, Canadian type, molded socket, endoskeletal system, hip joint, single axis knee, SACH foot <i>Immediate postsurgical or early fitting procedures</i> | No | 4777.56 | n/a | |
| L5400 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee | No | 1005.07 | n/a | |
| L5410 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, blow knee, each additional cast change and realignment | No | 254.79 | n/a | |
| L5420 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change "AK" or knee disarticulation | No | 1206.82 | n/a | |
| L5430 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension, "AK" or knee disarticulation, each additional cast change and realignment | No | 296.52 | n/a | |
| L5450 | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, below knee | No | 505.96 | n/a | |
| L5460 | Immediate postsurgical or early fitting, application of nonweight bearing rigid dressing, above knee <i>Initial prosthesis</i> | No | 554.93 | n/a | |
| L5500 | Initial, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, direct formed | No | 1116.56 | n/a | |
| L5505 | Initial, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot plaster socket, direct formed | No | 1421.98 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| <i>Preparatory prosthesis</i> | | | | | |
| L5510 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model | No | 1176.12 | n/a | |
| L5520 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | No | 1093.00 | n/a | |
| L5530 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | No | 1512.48 | n/a | |
| L5535 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, prefabricated, adjustable open end socket | No | 555.54 | n/a | |
| L5540 | Preparatory, below knee "PTB" type socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model | No | 1286.16 | n/a | |
| L5560 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, plaster socket, molded to model | No | 1687.85 | n/a | |
| L5570 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, direct formed | No | 1964.76 | n/a | |
| L5580 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, thermoplastic or equal, molded to model | No | 2156.44 | n/a | |
| L5585 | Preparatory, above knee – knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, prefabricated adjustable open end socket | No | 2045.54 | n/a | |
| L5590 | Preparatory, above knee-knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, SACH foot, laminated socket, molded to model | No | 1943.87 | n/a | |
| L5595 | Preparator, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, thermoplastic or equal, molded to patient model | No | 2410.55 | n/a | |
| L5600 | Preparatory, hip disarticulation – hemipelvectomy, pylon, no cover, SACH foot, laminated socket, molded to patient model | No | 2700.39 | n/a | |
| <i>Additions: Lower extremity</i> | | | | | |
| L5610 | Addition to lower extremity, endoskeletal system, above knee, hydracadence system | No | 1414.10 | n/a | |
| L5611 | Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with friction swing phase control | No | 1360.17 | n/a | |
| L5613 | Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with hydraulic swing phase control | No | 2128.95 | n/a | |
| L5614 | Addition to lower extremity, endoskeletal system, above knee – knee disarticulation, 4-bar linkage, with pneumatic swing phase control | No | BI | n/a | |
| L5616 | Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control | No | 1120.14 | n/a | |
| L5617 | Addition to lower extremity, quick change self-aligning unit, above or below knee, each | No | BI | n/a | |
| <i>Additions: Test sockets</i> | | | | | |
| L5618 | Addition to lower extremity, test socket, Symes | No | 178.06 | n/a | |
| L5620 | Addition to lower extremity, test socket, below knee | No | 176.03 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| L5622 | Addition to lower extremity, test socket, knee disarticulation | No | 229.54 | n/a | |
| L5624 | Addition to lower extremity, test socket, above knee | No | 230.91 | n/a | |
| L5626 | Addition to lower extremity, test socket, hip disarticulation | No | 248.58 | n/a | |
| L5628 | Addition to lower extremity, test socket, hemipelvectomy | No | 268.00 | n/a | |
| L5629 | Addition to lower extremity, below knee, acrylic socket | No | 201.22 | n/a | |
| | <i>Additions: Socket variations</i> | | | | |
| L5630 | Addition to lower extremity, Symes type, expandable wall socket | No | 248.93 | n/a | |
| L5631 | Addition to lower extremity, above knee or knee disarticulation, acrylic socket | No | 278.20 | n/a | |
| L5632 | Addition to lower extremity, Symes type, "PTB" brim design socket | No | 172.84 | n/a | |
| L5634 | Addition to lower extremity, Symes type, posterior opening (Canadian) socket | No | 348.92 | n/a | |
| L5636 | Addition to lower extremity, Symes type, medial opening socket | No | 215.10 | n/a | |
| L5637 | Addition to lower extremity, below knee, total contact | No | 182.91 | n/a | |
| L5638 | Addition to lower extremity, below knee, leather socket | No | 488.53 | n/a | |
| L5639 | Addition to lower extremity, below knee, wood socket | No | 1666.19 | n/a | |
| L5640 | Addition to lower extremity, knee disarticulation, leather socket | No | 581.71 | n/a | |
| L5642 | Addition to lower extremity, above knee, leather socket | No | 562.42 | n/a | |
| L5643 | Addition to lower extremity, hip disarticulation, flexible inner socket, external frame | No | 893.69 | n/a | |
| L5644 | Addition to lower extremity, above knee, wood socket | No | 715.45 | n/a | |
| L5645 | Addition to lower extremity, below knee, flexible inner socket, external frame | No | 673.59 | n/a | |
| L5646 | Addition to lower extremity, below knee, air cushion socket | No | 302.21 | n/a | |
| L5647 | Addition to lower extremity, below knee, suction socket | No | 614.94 | n/a | |
| L5648 | Addition to lower extremity, above knee, air cushion socket | No | 365.64 | n/a | |
| L5649 | Addition to lower extremity, ischial containment/narrow M-L socket | No | 1220.26 | n/a | |
| L5650 | Addition to lower extremity, total contact, above knee or knee disarticulation socket | No | 412.13 | n/a | |
| L5651 | Addition to lower extremity, above knee, flexible inner socket, external frame | No | 1013.82 | n/a | |
| L5652 | Addition to lower extremity, suction suspension, above knee or knee disarticulation socket | No | 368.06 | n/a | |
| L5653 | Addition to lower extremity, knee disarticulation, expandable wall socket | No | BI | n/a | |
| | <i>Additions: Socket insert and suspension</i> | | | | |
| L5654 | Addition to lower extremity, socket insert, Symes (Kemblo, Pelite, Aliplast, Plastazote or equal) | No | 211.11 | n/a | |
| L5655 | Addition to lower extremity, socket insert, below knee (Kemblo, Pelite, Aliplast, Plastazote or equal) | No | 167.93 | n/a | |
| L5656 | Addition to lower extremity, socket insert, knee disarticulation (Kemblo, Pelite, Aliplast, Plastazote or equal) | No | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L5658 | Addition to lower extremity, socket insert, above knee (Kemblo, Pelite, Aliplast, Plastazote or equal) | No | 263.88 | n/a | |
| L5660 | Addition to lower extremity, socket insert, Symes, silicone gel or equal | No | 342.35 | n/a | Deleted 12/31/02. |
| L5661 | Addition to lower extremity, socket insert, multidurometer, Symes | No | BI | n/a | |
| L5662 | Addition to lower extremity, socket insert, below knee, silicone gel or equal | No | 376.02 | n/a | Deleted 12/31/02. |
| L5663 | Addition to lower extremity, socket insert, knee disarticulation, silicone gel or equal | No | 390.44 | n/a | Deleted 12/31/02. |
| L5664 | Addition to lower extremity, socket insert, above knee, silicone gel or equal | No | BI | n/a | Deleted 12/31/02. |
| L5665 | Addition to lower extremity, socket insert, multidurometer, below knee | No | 257.88 | n/a | |
| K0556 | Addition to lower extremity, below knee / above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, for use with locking mechanism | No | BI | n/a | Effective 01/01/03. |
| K0557 | Addition to lower extremity, below knee / above knee, custom fabricated from existing mold or prefabricated, socket insert, silicone gel, elastomeric or equal, not for use with locking mechanism | No | BI | n/a | Effective 01/01/03. |
| K0558 | Addition to lower extremity, below knee / above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial use code K0556 or K0557) | No | BI | n/a | Effective 01/01/03. |
| K0559 | Addition to lower extremity, below knee / above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial use code K0556 or K0557) | No | BI | n/a | Effective 01/01/03. |
| L5666 | Addition to lower extremity, below knee, cuff suspension | No | 44.33 | n/a | |
| L5668 | Addition to lower extremity, below knee, molded distal cushion | No | 63.94 | n/a | |
| L5670 | Addition to lower extremity, below knee, molded supracondylar suspension ("PTS" or similar) | No | 208.25 | n/a | |
| L5671 | Addition to lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), excludes socket insert | No | BI | n/a | |
| L5672 | Addition to lower extremity, below knee, removable medial brim suspension | No | 245.74 | n/a | |
| L5674 | Addition to lower extremity, below knee, suspension sleeve, any material, each | No | 43.04 | n/a | |
| L5675 | Addition to lower extremity, below knee, suspension sleeve, heavy duty, any material, each | No | 55.21 | n/a | |
| L5676 | Addition to lower extremity, below knee, knee joints single axis, pair | No | 283.76 | n/a | |
| L5677 | Addition to lower extremity, below knee, knee joints, polycentric, pair | No | 312.18 | n/a | |
| L5678 | Addition to lower extremity, below knee joint covers, pair | No | 32.72 | n/a | |
| L5680 | Addition to lower extremity, below knee, thigh lacer, nonmolded | No | 235.29 | n/a | |
| L5682 | Addition to lower extremity, below knee, thigh lacer, gluteal/ischial, molded | No | BI | n/a | |
| L5684 | Addition to lower extremity, below knee, fork strap | No | 33.54 | n/a | |

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| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| L5686 | Addition to lower extremity, below knee, back check (extension control) | No | 33.54 | n/a | |
| L5688 | Addition to lower extremity, below knee, waist belt, webbing | No | BI | n/a | |
| L5690 | Addition to lower extremity, below knee, waist belt, padded and lined | No | 51.66 | n/a | |
| L5692 | Addition to lower extremity, above knee, pelvic control belt, light | No | 87.06 | n/a | |
| L5694 | Addition to lower extremity, above knee, pelvic control belt, padded and lined | No | 128.06 | n/a | |
| L5695 | Addition to lower extremity, above knee, pelvic control, sleeve suspension, neoprene or equal, each | No | 125.52 | n/a | |
| L5696 | Addition to lower extremity, above knee or knee disarticulation, pelvic joint | No | 115.01 | n/a | |
| L5697 | Addition to lower extremity, above knee or knee disarticulation, pelvic band | No | BI | n/a | |
| L5698 | Addition to lower extremity, above knee or knee disarticulation, Silesian bandage | No | 66.04 | n/a | |
| L5699 | All lower extremity prostheses, shoulder harness | No | 96.62 | n/a | |
| | <u>Replacements</u> | | | | |
| L5700 | Replacement, socket, below knee, molded to patient model | No | 1796.67 | n/a | |
| L5701 | Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model | No | 2398.02 | n/a | |
| L5702 | Replacement, socket, hip disarticulation, including hip joint, molded to patient model | No | BI | n/a | |
| L5704 | Custom shaped protective cover, below knee | No | 374.93 | n/a | |
| L5705 | Custom shaped protective cover, above knee | No | 636.60 | n/a | |
| L5706 | Custom shaped protective cover, knee disarticulation | No | BI | n/a | |
| L5707 | Custom shaped protective cover, hip disarticulation | No | BI | n/a | |
| | <u>Additions: Exoskeletal knee-shin system</u> | | | | |
| L5710 | Addition, exoskeletal knee-shin system, single axis, manual lock | No | BI | n/a | |
| L5711 | Addition, exoskeletal knee-shin system, single axis, manual lock, ultra-light material | No | 300.55 | n/a | |
| L5712 | Addition, exoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | No | 302.17 | n/a | |
| L5714 | Addition, exoskeletal knee-shin system, single axis, variable friction swing phase control | No | BI | n/a | |
| L5716 | Addition, exoskeletal knee-shin system, polycentric, mechanical stance phase lock | No | 838.93 | n/a | |
| L5718 | Addition, exoskeletal knee-shin system, polycentric, friction swing and stance phase control | No | 938.30 | n/a | |
| L5722 | Addition, exoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | No | BI | n/a | |
| L5724 | Addition, exoskeletal knee-shin system, single axis, fluid swing phase control | No | 1045.46 | n/a | |
| L5726 | Addition, exoskeletal knee-shin system, single axis, external joints, fluid swing phase control | No | 981.07 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L5728 | Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control | No | BI | n/a | |
| L5780 | Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control | No | 776.11 | n/a | |
| L5781 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system | No | BI | n/a | Effective 01/01/03. |
| L5782 | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | No | BI | n/a | Effective 01/01/03. |
| | <u>Component modification</u> | | | | |
| L5785 | Addition, exoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | No | 328.96 | n/a | |
| L5790 | Addition, exoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | No | BI | n/a | |
| L5795 | Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | No | 555.54 | n/a | |
| | <u>Additions: Endoskeletal knee-shin system</u> | | | | |
| L5810 | Addition, endoskeletal knee-shin system, single axis, manual lock | No | 372.86 | n/a | |
| L5811 | Addition, endoskeletal knee-shin system, single axis, manual lock, ultra-light material | No | 598.12 | n/a | |
| L5812 | Addition, endoskeletal knee-shin system, single axis, friction swing and stance phase control (safety knee) | No | 440.29 | n/a | |
| L5814 | Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock | No | 2391.06 | n/a | |
| L5816 | Addition, endoskeletal knee-shin system, polycentric, mechanical stance phase lock | No | BI | n/a | |
| L5818 | Addition, endoskeletal knee-shin system, polycentric, friction swing and stance phase control | No | 776.79 | n/a | |
| L5822 | Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control | No | 1475.89 | n/a | |
| L5824 | Addition, endoskeletal knee-shin system, single axis, fluid swing phase control | No | BI | n/a | |
| L5826 | Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame | No | 2010.59 | n/a | |
| L5828 | Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control | No | 2010.61 | n/a | |
| L5830 | Addition, endoskeletal knee-shin system, single axis, pneumatic/swing phase control | No | 1231.85 | n/a | |
| L5840 | Addition, endoskeletal knee-shin system, 4-bar linkage or multiaxial, pneumatic swing phase control | No | 2470.93 | n/a | |
| L5845 | Addition, endoskeletal knee-shin system, stance flexion feature, adjustable | No | 1153.97 | n/a | |
| L5846 | Addition, endoskeletal knee-shin system, microprocessor control feature, swing phase only | No | BI | n/a | |
| L5847 | Addition, endoskeletal knee-shin system, microprocessor control feature, stance phase | No | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L5848 | Addition to endoskeletal, knee-shin system, hydraulic stance extension, dampening feature, adjustable | No | BI | n/a | Effective 01/01/03. |
| L5850 | Addition, endoskeletal system, above knee or hip disarticulation, knee extension assist | No | 108.00 | n/a | |
| L5855 | Addition, endoskeletal system, hip disarticulation, mechanical hip extension assist | No | BI | n/a | |
| L5910 | Addition, endoskeletal system, below knee, alignable system | No | 305.75 | n/a | |
| L5920 | Addition, endoskeletal system, above knee or hip disarticulation, alignable system | No | 444.86 | n/a | |
| L5925 | Addition, endoskeletal system, above knee, knee disarticulation or hip disarticulation, manual lock | No | BI | n/a | |
| L5930 | Addition, endoskeletal system, high activity knee control frame | No | BI | n/a | |
| L5940 | Addition, endoskeletal system, below knee, ultra-light material (titanium, carbon fiber or equal) | No | 384.96 | n/a | |
| L5950 | Addition, endoskeletal system, above knee, ultra-light material (titanium, carbon fiber or equal) | No | 465.29 | n/a | |
| L5960 | Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal) | No | 403.93 | n/a | |
| L5962 | Addition, endoskeletal system, below knee, flexible protective outer surface covering system | No | 474.13 | n/a | |
| L5964 | Addition, endoskeletal system, above knee, flexible protective outer surface covering system | No | 670.03 | n/a | |
| L5966 | Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system | No | BI | n/a | |
| L5968 | Addition to lower limb prosthesis, multi-axial ankle with swing phase active dorsiflexion feature | No | BI | n/a | |
| L5970 | All lower extremity prostheses, foot, external keel, SACH foot | No | 143.76 | n/a | |
| L5972 | All lower extremity prostheses, flexible keel foot (Safe, Sten, Bock Dynamic or equal) | No | 221.74 | n/a | |
| L5974 | All lower extremity prostheses, foot, single axis ankle/foot | No | 149.61 | n/a | |
| L5975 | All lower extremity prosthesis, foot, combination single axis ankle and flexible keel foot | No | BI | n/a | |
| L5976 | All lower extremity prostheses, energy storing foot (Seattle Carbon Copy II or equal) | No | 382.85 | n/a | |
| L5978 | All lower extremity prostheses, foot, multi-axial ankle/foot | No | 184.78 | n/a | |
| L5979 | All lower extremity prostheses, multi-axial ankle, dynamic response foot, one piece system | No | 1748.81 | n/a | |
| L5980 | All lower extremity prostheses, flex-foot system | No | 3130.09 | n/a | |
| L5981 | All lower extremity prostheses, flex-walk system or equal | No | 2045.44 | n/a | |
| L5982 | All exoskeletal lower extremity prostheses, axial rotation unit | No | 621.59 | n/a | |
| L5984 | All endoskeletal lower extremity prostheses, axial rotation unit | No | 381.92 | n/a | |
| L5985 | All endoskeletal lower extremity prostheses, dynamic prosthetic pylon | No | BI | n/a | |
| L5986 | All lower extremity prostheses, multi-axial rotation unit ("MCP" or equal) | No | 534.95 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L5987 | All lower extremity prostheses, shank foot system with vertical loading pylon | No | 4631.47 | n/a | |
| L5988 | Addition to lower limb prosthesis, vertical shock reducing pylon feature | No | 1286.14 | n/a | |
| L5989 | Addition to lower extremity prosthesis, endoskeletal system, pylon with integrated electronic force sensors | No | BI | n/a | |
| L5990 | Addition to lower extremity prosthesis, user adjustable heel height | No | BI | n/a | |
| L5995 | Addition to lower extremity prosthesis, heavy duty feature (for patient weight > 300 lbs) | No | BI | n/a | Effective 01/01/03. |
| L5999 | Lower extremity prosthesis not otherwise specified | No | BI | n/a | |
| Upper Limb | | | | | |
| The procedures in L6000-L6599 are considered as “base” or “basic procedures” and may be modified by listing procedures from the “addition” sections. The base procedures include only standard friction wrist and control cable system unless otherwise specified | | | | | |
| <u>Partial hand</u> | | | | | |
| L6000 | Partial hand, Robin-aids, thumb remaining (or equal) | No | 854.95 | n/a | |
| L6010 | Partial hand, Robin-aids, little and/or ring finger remaining (or equal) | No | 942.17 | n/a | |
| L6020 | Partial hand, Robin-aids, no finger remaining (or equal) | No | 894.62 | n/a | |
| L6025 | Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batteries, charger, myoelectric control of terminal device | No | BI | n/a | Effective 01/01/03. |
| <u>Wrist disarticulation</u> | | | | | |
| L6050 | Wrist disarticulation, molded socket, flexible elbow hinges, triceps pad | No | 1294.34 | n/a | |
| L6055 | Wrist disarticulation molded socket with expandable interface, flexible elbow hinges, triceps pad | No | 1791.99 | n/a | |
| <u>Below elbow</u> | | | | | |
| L6100 | Below elbow, molded socket, flexible elbow hinge, triceps pad | No | 1281.14 | n/a | |
| L6110 | Below elbow, molded socket, (Muenster or Northwestern suspension types) | No | 1322.20 | n/a | |
| L6120 | Below elbow, molded double wall split socket, step-up hinges, half cuff | No | 1456.55 | n/a | |
| L6130 | Below elbow, molded double wall split socket, stump activated locking hinge, half cuff | No | 1653.96 | n/a | |
| <u>Elbow disarticulation</u> | | | | | |
| L6200 | Elbow disarticulation, molded socket, outside locking hinge, forearm | No | 1791.96 | n/a | |
| L6205 | Elbow disarticulation, molded socket with expandable interface, outside locking hinges, forearm | No | 2175.00 | n/a | |
| <u>Above elbow</u> | | | | | |
| E1840 | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material | No | BI | n/a | Effective 01/01/03. |
| L6250 | Above elbow molded double wall socket, internal locking elbow, forearm | No | 1718.97 | n/a | |
| <u>Shoulder disarticulation</u> | | | | | |
| L6300 | Shoulder disarticulation, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | No | 2378.05 | n/a | |
| L6310 | Shoulder disarticulation, passive restoration (complete prosthesis) | No | 1866.38 | n/a | |

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| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|----------|
| L6320 | Shoulder disarticulation, passive restoration (shoulder cap only) <i>Interscapular thoracic</i> | No | 1127.06 | n/a | |
| L6350 | Interscapular thoracic, molded socket, shoulder bulkhead, humeral section, internal locking elbow, forearm | No | 3152.68 | n/a | |
| L6360 | Interscapular thoracic, passive restoration (complete prosthesis) | No | 1970.58 | n/a | |
| L6370 | Interscapular thoracic, passive restoration (shoulder cap only) <i>Immediate and early postsurgical procedures</i> | No | 1348.64 | n/a | |
| L6380 | Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, wrist disarticulation or below elbow | No | 776.79 | n/a | |
| L6382 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting alignment and suspension of components, and one cast change, elbow disarticulation or above elbow | No | 1035.71 | n/a | |
| L6384 | Immediate postsurgical or early fitting, application of initial rigid dressing including fitting, alignment and suspension of components, and one cast change, shoulder disarticulation or interscapular thoracic | No | 1346.43 | n/a | |
| L6386 | Immediate postsurgical or early fitting, each additional cast change and realignment | No | 284.83 | n/a | |
| L6388 | Immediate postsurgical or early fitting, application of rigid dressing only <i>Endoskeletal: Below elbow</i> | No | 388.40 | n/a | |
| L6400 | Below elbow, molded socket, endoskeletal system, including soft prosthetic tissue shaping <i>Endoskeletal: Elbow disarticulation</i> | No | 1958.91 | n/a | |
| L6450 | Elbow disarticulation, molded socket, endoskeletal system including soft prosthetic tissue shaping <i>Endoskeletal: Above elbow</i> | No | 2194.08 | n/a | |
| L6500 | Above elbow, molded socket, endoskeletal system including soft prosthetic tissue shaping <i>Endoskeletal: Shoulder disarticulation</i> | No | 2539.33 | n/a | |
| L6550 | Shoulder disarticulation, molded socket, endoskeletal system, including soft prosthetic tissue shaping <i>Endoskeletal: Interscapular thoracic</i> | No | 2927.62 | n/a | |
| L6570 | Interscapular thoracic, molded socket, endoskeletal system, including soft prosthetic tissue shaping | No | 3165.63 | n/a | |
| L6580 | Preparatory, wrist disarticulation or below elbow, single wall plastic socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, molded to patient model | No | 1216.97 | n/a | |
| L6582 | Preparatory, wrist disarticulation or below elbow, single wall socket, friction wrist, flexible elbow hinges, figure of eight harness, humeral cuff, Bowden cable control, "USMC" or equal pylon, no cover, direct formed | No | 1216.97 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L6584 | Preparatory, wrist disarticulation or above elbow, single wall plastic socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model | No | 1150.29 | n/a | |
| L6586 | Preparatory, elbow disarticulation or above elbow, single wall socket, friction wrist, locking elbow, figure of eight harness, fair lead cable control, "USMC" or equal pylon, no cover, direct formed | No | 1150.29 | n/a | |
| L6588 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall plastic socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, molded to patient model | No | 1642.46 | n/a | |
| L6590 | Preparatory, shoulder disarticulation or interscapular thoracic, single wall socket, shoulder joint, locking elbow, friction wrist, chest strap, fair lead cable control, "USMC" or equal pylon, no cover, direct formed | No | 1545.84 | n/a | |
| | Additions: Upper limb | | | | |
| | The following procedures/modifications/components may be added to other base procedures. The items in this section should reflect the additional complexity of each modification procedure, in addition to the base procedure, at the time of the original order | | | | |
| L6600 | Upper extremity additions, polycentric hinge, pair | No | 93.20 | n/a | |
| L6605 | Upper extremity additions, single pivot hinge, pair | No | 96.30 | n/a | |
| L6610 | Upper extremity additions, flexible metal hinge, pair | No | 127.36 | n/a | |
| L6615 | Upper extremity addition, disconnect locking wrist unit | No | 123.62 | n/a | |
| L6616 | Upper extremity addition, additional disconnect insert for locking wrist unit, each | No | 41.07 | n/a | |
| L6620 | Upper extremity addition, flexion-friction wrist unit | No | 215.41 | n/a | |
| L6623 | Upper extremity addition, spring assisted rotational wrist unit with latch release | No | 340.07 | n/a | |
| L6625 | Upper extremity addition, rotation wrist unit with cable lock | No | 245.07 | n/a | |
| L6628 | Upper extremity addition, quick disconnect hook adapter, Otto Bock or equal | No | 404.42 | n/a | |
| L6629 | Upper extremity addition, quick disconnect lamination collar with coupling piece, Otto Bock or equal | No | 123.50 | n/a | |
| L6630 | Upper extremity addition, stainless steel, any wrist | No | 130.74 | n/a | |
| L6632 | Upper extremity addition, latex suspension sleeve, each | No | 54.85 | n/a | |
| L6635 | Upper extremity addition, life assist for elbow | No | 141.47 | n/a | |
| L6637 | Upper extremity addition, nudge control elbow lock | No | 170.90 | n/a | |
| L6638 | Upper extremity addition to prosthesis, electric locking feature, only for use with manually powered elbow | No | BI | n/a | Effective 01/01/03. |
| L6640 | Upper extremity additions, shoulder abduction joint, pair | No | 210.00 | n/a | |
| L6641 | Upper extremity addition, excursion amplifier, pulley type | No | 129.47 | n/a | |
| L6642 | Upper extremity addition, excursion amplifier, lever type | No | 113.92 | n/a | |
| L6645 | Upper extremity addition, shoulder flexion-abduction joint, each | No | 176.56 | n/a | |
| L6646 | Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for use with body powered or external powered system | No | BI | n/a | Effective 01/01/03. |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|-------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L6647 | Upper extremity addition, shoulder lock mechanism, body powered actuator | No | BI | n/a | Effective 01/01/03. |
| L6648 | Upper extremity addition, shoulder lock mechanism, external powered actuator | No | BI | n/a | Effective 01/01/03. |
| L6650 | Upper extremity addition, shoulder universal joint, each | No | 213.26 | n/a | |
| L6655 | Upper extremity addition, standard control cable, extra | No | 47.56 | n/a | |
| L6660 | Upper extremity addition, heavy duty control cable | No | 59.53 | n/a | |
| L6665 | Upper extremity addition, Teflon, or equal, cable lining | No | 29.16 | n/a | |
| L6670 | Upper extremity addition, hook to hand, cable adapter | No | 30.36 | n/a | |
| L6672 | Upper extremity addition, harness, chest or shoulder, saddle type | No | 159.18 | n/a | |
| L6675 | Upper extremity addition, harness, figure of eight type, for single control | No | 76.04 | n/a | |
| L6676 | Upper extremity addition, harness, figure of eight type, for dual control | No | 89.63 | n/a | |
| L6680 | Upper extremity addition, test socket, wrist disarticulation or below elbow | No | 155.59 | n/a | |
| L6682 | Upper extremity addition, test socket, elbow disarticulation or above elbow | No | 169.59 | n/a | |
| L6684 | Upper extremity addition, test socket, shoulder disarticulation or interscapular thoracic | No | 217.50 | n/a | |
| L6686 | Upper extremity addition, suction socket | No | 373.80 | n/a | |
| L6687 | Upper extremity addition, frame type socket, below elbow or wrist disarticulation | No | 486.95 | n/a | |
| L6688 | Upper extremity addition, frame type socket, above elbow or elbow disarticulation | No | 253.75 | n/a | |
| L6689 | Upper extremity addition, frame type socket, shoulder disarticulation | No | 331.43 | n/a | |
| L6690 | Upper extremity addition, frame type socket, interscapular-thoracic | No | 331.43 | n/a | |
| L6691 | Upper extremity addition, removable insert, each | No | 218.56 | n/a | |
| L6692 | Upper extremity addition, silicone gel insert or equal, each | No | 443.01 | n/a | |
| L6693 | Upper extremity addition, locking elbow, forearm counter balance | No | BI | n/a | |
| | <u>Terminal Devices</u> | | | | |
| | <u>Hooks</u> | | | | |
| L6700 | Terminal device, hook, Dorrance or equal, model #3 | No | 512.14 | n/a | |
| L6705 | Terminal device, hook, Dorrance or equal, model #5 | No | 262.27 | n/a | |
| L6710 | Terminal device, hook, Dorrance or equal, model #5X | No | 276.73 | n/a | |
| L6715 | Terminal device, hook, Dorrance or equal, model #5XA | No | 289.42 | n/a | |
| L6720 | Terminal device, hook, Dorrance or equal, model #6 | No | 700.47 | n/a | |
| L6725 | Terminal device, hook, Dorrance or equal, model #7 | No | 324.00 | n/a | |
| L6730 | Terminal device, hook, Dorrance or equal, model #7LO | No | 504.43 | n/a | |
| L6735 | Terminal device, hook, Dorrance or equal, model #8 | No | 257.56 | n/a | |
| L6740 | Terminal device, hook, Dorrance or equal, model #8X | No | 318.33 | n/a | |
| L6745 | Terminal device, hook, Dorrance or equal, model #88X | No | 290.67 | n/a | |
| L6750 | Terminal device, hook, Dorrance or equal, model #10P | No | 286.29 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------------|----------|
| L6755 | Terminal device, hook, Dorrance or equal, model #10X | No | 283.52 | n/a | |
| L6765 | Terminal device, hook, Dorrance or equal, model #12P | No | 269.00 | n/a | |
| L6770 | Terminal device, hook, Dorrance or equal, model #99X | No | 267.69 | n/a | |
| L6775 | Terminal device, hook, Dorrance or equal, model #555 | No | 320.18 | n/a | |
| L6780 | Terminal device, hook, Dorrance or equal, model #SS555 | No | 351.21 | n/a | |
| L6790 | Terminal device, hook, Accu hook or equal | No | 313.33 | n/a | |
| L6795 | Terminal device, hook, 2 load or equal | No | 809.59 | n/a | |
| L6800 | Terminal device, hook, APRL VC or equal | No | 759.33 | n/a | |
| L6805 | Terminal device, modifier wrist flexion unit | No | 246.50 | n/a | |
| L6806 | Terminal device, hook, TRS Grip, Grip III, VC, or equal | No | 673.22 | n/a | |
| L6807 | Terminal device, hook, Grip I, Grip II, VC, or equal | No | 834.35 | n/a | |
| L6808 | Terminal device, hook, TRS Adept, infant or child, VC or equal | No | 724.95 | n/a | |
| L6809 | Terminal device, hook, TRS Super Sport, passive | No | 308.28 | n/a | |
| L6810 | Terminal device, pincher tool, Otto Bock or equal | No | 169.02 | n/a | |
| | <u>Hands</u> | | | | |
| L6825 | Terminal device, hand, Dorrance, VO | No | 737.04 | n/a | |
| L6830 | Terminal device, hand, APRL, VC | No | 1089.06 | n/a | |
| L6835 | Terminal device, hand, Sierra, VO | No | 937.36 | n/a | |
| L6840 | Terminal device, hand, Becker Imperial | No | 577.98 | n/a | |
| L6845 | Terminal device, hand, Becker Lock Grip | No | 533.48 | n/a | |
| L6850 | Terminal device, hand, Becker Plylite | No | 481.21 | n/a | |
| L6855 | Terminal device, hand, Robin-Aids, VO | No | 673.04 | n/a | |
| L6860 | Terminal device, hand, Robin-Aids, VO soft | No | 555.09 | n/a | |
| L6865 | Terminal device, hand, passive hand | No | 234.50 | n/a | |
| L6867 | Terminal device, hand, Detroit Infant Hand (mechanical) | No | 543.75 | n/a | |
| L6868 | Term device, hand, passive infant hand, Steeper, Hosmer or equal | No | 157.00 | n/a | |
| L6870 | Terminal device, hand, child mitt | No | 171.15 | n/a | |
| L6872 | Term device, hand, NYU child hand | No | 776.79 | n/a | |
| L6873 | Terminal device, hand, mechanical infant hand, Steeper or equal | No | 261.05 | n/a | |
| L6875 | Terminal device, hand, Bock, VC | No | 578.46 | n/a | |
| L6880 | Terminal device, hand, Bock, VO | No | 371.36 | n/a | |
| L6881 | Automatic grasp feature, addition to upper limb prosthetic terminal device | Yes* | BI | n/a | |
| L6882 | Microprocessor control feature, addition to upper limb prosthetic terminal device | Yes* | BI | n/a | |
| | <u>Gloves for above hands</u> | | | | |
| L6890 | Terminal device, gloves for above hands, production glove | Yes* | 115.05 | n/a | |
| L6895 | Terminal device, gloves for above hands, custom glove | Yes* | 435.73 | n/a | |
| | <u>Hand restoration</u> | | | | |
| L6900 | Hand restoration (casts, shading and measurements included), partial hand, with glove, thumb or one finger remaining | Yes* | 1052.33 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------------|----------|
| L6905 | Hand restoration (casts, shading and measurements included), partial hand, with glove, multiple fingers remaining | Yes* | 1032.66 | n/a | |
| L6910 | Hand restoration (casts, shading and measurements included), partial hand, with glove, no fingers remaining | Yes* | 1048.19 | n/a | |
| L6915 | Hand restoration (shading and measurements included), replacement glove for above | Yes* | 387.88 | n/a | |
| | External Power | | | | |
| | <u>Base devices</u> | | | | |
| L6920 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | No | 4195.50 | n/a | |
| L6925 | Wrist disarticulation, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | No | 4521.10 | n/a | |
| L6930 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | No | 4637.52 | n/a | |
| L6935 | Below elbow, external power, self-suspended inner socket, removable forearm shell, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | No | 5217.21 | n/a | |
| L6940 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | No | 5633.62 | n/a | |
| L6945 | Elbow disarticulation, external power, molded inner socket, removable humeral shell, outside locking hinges, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | No | 6546.63 | n/a | |
| L6950 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | No | 5985.00 | n/a | |
| L6955 | Above elbow, external power, molded inner socket, removable humeral shell, internal locking elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | No | 9166.23 | n/a | |
| L6960 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | No | 7502.46 | n/a | |
| L6965 | Shoulder disarticulation, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | No | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----------------------|---------------------|---------------------|
| L6970 | Interscapular-thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal switch, cables, two batteries and one charger, switch control of terminal device | No | 8544.30 | n/a | |
| L6975 | Intercapsular thoracic, external power, molded inner socket, removable shoulder shell, shoulder bulkhead, humeral section, mechanical elbow, forearm, Otto Bock or equal electrodes, cables, two batteries and one charger, myoelectronic control of terminal device | No | 9494.30 | n/a | |
| L7010 | Electronic hand, Otto Bock, Steeper or equal, switch controlled | No | 1980.61 | n/a | |
| L7015 | Electronic hand, System Teknik, Variety Village or equal, switch controlled | No | 3597.34 | n/a | |
| L7020 | Electronic griever, Otto Bock or equal, switch controlled | No | 2237.63 | n/a | |
| L7025 | Electronic hand, Otto Bock or equal, myoelectronically controlled | No | 2222.15 | n/a | |
| L7030 | Electronic hand, System Teknik, Variety Village or equal, myoelectronically controlled | No | 3644.03 | n/a | |
| L7035 | Electronic griever, Otto Bock or equal, myoelectronically controlled | No | 2222.15 | n/a | |
| L7040 | Prehensile actuator, Hosmer or equal, switch controlled | No | 1739.07 | n/a | |
| L7045 | Electronic hook, child, Michigan or equal, switch controlled | No | 890.06 | n/a | |
| | <u>Elbow</u> | | | | |
| L7170 | Electronic elbow, Hosmer or equal, switch controlled | No | 3729.34 | n/a | |
| L7180 | Electronic elbow, Boston, Utah or equal myoelectronically controlled | No | BI | n/a | |
| L7185 | Electronic elbow, adolescent, Variety Village or equal, switch controlled | No | 3864.60 | n/a | |
| L7186 | Electronic elbow, child, Variety Village or equal, switch controlled | No | 7068.00 | n/a | |
| L7190 | Electronic elbow, adolescent, Variety Village or equal, myoelectronically controlled | No | 4830.75 | n/a | |
| L7191 | Electronic elbow, child, Variety Village or equal, myoelectronically controlled | No | 7771.00 | n/a | |
| L7260 | Electronic wrist rotator, Otto Bock or equal | No | 1478.21 | n/a | |
| L7261 | Electronic wrist rotator, for Utah arm | No | 2753.53 | n/a | |
| L7266 | Servo control, Steeper or equal | No | 614.34 | n/a | |
| L7272 | Analogue control, UNB or equal | No | 1352.61 | n/a | |
| L7274 | Proportional control 6-12 volt, Liberty, Utah or equal | No | 3966.25 | n/a | |
| | <u>Battery components</u> | | | | |
| L7360 | Six volt battery Otto Bock or equal, each | No | 103.57 | n/a | |
| L7362 | Battery charger, six volt, Otto Bock or equal | No | 290.00 | n/a | |
| L7364 | Twelve volt battery, Utah or equal, each | No | 60.06 | n/a | |
| L7366 | Battery charger, twelve volt, Utah or equal | No | 103.57 | n/a | |
| L7367 | Lithium ion battery, replacement | No | BI | n/a | Effective 01/01/03. |
| L7368 | Lithium ion battery charger | No | BI | a/a | Effective 01/01/03. |
| L7499 | Upper extremity prosthesis, NOS | No | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|--------------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------------|----------|
| | <u>Repairs</u> | | | | |
| L7500 | Repair of prosthetic device, hourly rate (excludes V5335 Repair of oral or laryngeal prosthesis or artificial larynx) | No | BI | n/a | |
| L7510 | Repair of prosthetic device, repair or replace minor parts | No | BI | n/a | |
| L7520 | Repair prosthetic device, labor component, per 15 minutes | No | 15.50 | n/a | |
| | <u>General</u> | | | | |
| L7900 | Vacuum erection system | Yes* | BI | n/a | |
| | <u>Prosthesis</u> | | | | |
| L8000 | Breast prosthesis, mastectomy bra | No | 23.80 | n/a | |
| L8001 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral | No | BI | n/a | |
| L8002 | Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral | No | BI | n/a | |
| L8010 | Breast prosthesis, mastectomy sleeve | No | 51.21 | n/a | |
| L8015 | External breast prosthesis garment, with mastectomy form, post-mastectomy | No | BI | n/a | |
| L8020 | Breast prosthesis, mastectomy form | No | 115.47 | n/a | |
| L8030 | Breast prosthesis, silicone or equal | No | 225.39 | n/a | |
| L8035 | Custom breast prosthesis, post mastectomy, molded to patient model | No | BI | n/a | |
| L8039 | Breast prosthesis, NOS | No | BI | n/a | |
| L8040 | Nasal prosthesis, provided by a non-physician | Yes* | BI | n/a | |
| L8041 | Midfacial prosthesis, provided by a non-physician | Yes* | BI | n/a | |
| L8042 | Orbital prosthesis, provided by a non-physician | Yes* | BI | n/a | |
| L8043 | Upper facial prosthesis, provided by a non-physician | Yes* | BI | n/a | |
| L8044 | Hemi-facial prosthesis, provided by a non-physician | Yes* | BI | n/a | |
| L8045 | Auricular prosthesis, provided by a non-physician | Yes* | BI | n/a | |
| L8046 | Partial facial prosthesis, provided by a non-physician | Yes* | BI | n/a | |
| L8047 | Nasal septal prosthesis, provided by a non-physician | Yes* | BI | n/a | |
| L8048 | Unspecified maxillofacial prosthesis, by report, provided by a non-physician | Yes* | BI | n/a | |
| L8049 | Repair or modification of maxillofacial prosthesis, labor component, 15 minute increments, provided by a non-physician | Yes* | BI | n/a | |
| | <u>Elastic supports</u> | | | | |
| L8100 | Gradient compression stocking, below knee, 18-30 mmhg, each | No | 16.21 | n/a | |
| L8110 | Gradient compression stocking, below knee, 30-40 mmhg, each | No | 53.63 | n/a | |
| L8120 | Gradient compression stocking, below knee, 40-50 mmhg, each | No | 27.57 | n/a | |
| L8130 | Gradient compression stocking, thigh length, 18-30 mmhg, each | No | 17.26 | n/a | |
| L8140 | Gradient compression stocking, thigh length, 30-40 mmhg, each | No | 26.94 | n/a | |
| L8150 | Gradient compression stocking, thigh length, 40-50 mmhg, each | No | 17.50 | n/a | |
| L8160 | Gradient compression stocking, full length/chap style, 18-30 mmhg, each | No | 28.05 | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|--------------------------------------------------------------------------------------------|------|-----------------------|---------------------|----------|
| L8170 | Gradient compression stocking, full length/chap style, 30-40 mmhg, each | No | 29.30 | n/a | |
| L8180 | Gradient compression stocking, full length/chap style, 40-50 mmhg, each | No | 65.54 | n/a | |
| L8190 | Gradient compression stocking, waist length, 18-30 mmhg, each | No | 32.19 | n/a | |
| L8195 | Gradient compression stocking, waist length, 30-40 mmhg, each | No | BI | n/a | |
| L8200 | Gradient compression stocking, waist length, 40-50 mmhg, each | No | 49.56 | n/a | |
| L8210 | Gradient compression stocking, custom made | No | BI | n/a | |
| L8220 | Gradient compression stocking, lymphedema | No | 40.96 | n/a | |
| L8230 | Gradient compression stocking, garter belt | No | BI | n/a | |
| L8239 | Gradient compression stocking, NOS | No | BI | n/a | |
| | <u>Trusses</u> | | | | |
| L8300 | Truss, single with standard pad | No | 63.36 | n/a | |
| L8310 | Truss, double with standard pads | No | 104.79 | n/a | |
| L8320 | Truss, addition to standard pads, water pad | No | 26.41 | n/a | |
| L8330 | Truss, addition to standard pads, scrotal pad | No | 30.03 | n/a | |
| | <u>Prosthetic socks</u> | | | | |
| L8400 | Prosthetic sheath, below knee, each | No | 9.06 | n/a | |
| L8410 | Prosthetic sheath, above knee, each | No | 13.87 | n/a | |
| L8415 | Prosthetic sheath upper limb each | No | 14.98 | n/a | |
| L8417 | Prosthetic sheath/sock, including a gel cushion layer, below knee or above knee, each | No | 48.41 | n/a | |
| L8420 | Prosthetic sock, multiple ply, below knee, each | No | 10.50 | n/a | |
| L8430 | Prosthetic sock, multiple ply, above knee, each | No | 13.25 | n/a | |
| L8435 | Prosthetic sock, multiple ply, upper limb, each | No | 13.32 | n/a | |
| L8440 | Prosthetic shrinker, below knee, each | No | 26.48 | n/a | |
| L8460 | Prosthetic shrinker, above knee, each | No | 42.20 | n/a | |
| L8465 | Prosthetic shrinker, upper limb, each | No | 33.82 | n/a | |
| L8470 | Prosthetic sock, single ply, fitting, below knee, each | No | 5.12 | n/a | |
| L8480 | Prosthetic sock, single ply, fitting, above knee, each | No | 7.77 | n/a | |
| L8485 | Prosthetic sock, single ply, fitting, upper limb, each | No | 8.44 | n/a | |
| L8490 | Addition to prosthetic sheath/sock, air seal suction retention system | No | BI | n/a | |
| | <u>Prosthetic Implants</u> | | | | |
| | <u>Integumentary system</u> | | | | |
| L8500 | Artificial larynx, any type | No | 437.86 | n/a | |
| L8501 | Tracheostomy speaking valve | No | 60.84 | n/a | |
| L8505 | Artificial larynx replacement battery/accessory, any type | Yes* | BI | n/a | |
| L8507 | Tracheo-esophageal voice prosthesis, patient inserted, any type, each | Yes* | BI | n/a | |
| L8509 | Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type | Yes* | BI | n/a | |
| L8510 | Voice amplifier | Yes* | BI | n/a | |

| CODE | NARRATIVE | PAR | MAXIMUM PURCHASE (\$) | MAXIMUM RENTAL (\$) | COMMENTS |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|-----------------------|---------------------|---------------------|
| L8600 | Implantable breast prosthesis, silicone or equal | No | BI | n/a | |
| L8603 | Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies | No | BI | n/a | |
| L8606 | Injectable bulking agent, synthetic implant, urinary tract, 1ml syringe, includes shipping and necessary supplies <i>Head: Skull, facial bones, and temporomandibular joint</i> | No | BI | n/a | |
| L8610 | Ocular implant | Yes* | BI | n/a | |
| L8612 | Aqueous shunt | No | 383.34 | n/a | |
| L8613 | Ossicular implant | No | BI | n/a | |
| L8614 | Cochlear device/system | Yes* | 13188.74 | n/a | |
| L8619 | Cochlear implant external speech processor, replacement <i>Speech augmentation devices</i> | Yes* | BI | n/a | |
| E1902 | Communication board, non-electronic augmentative or alternative communication device | Yes* | BI | n/a | Effective 01/01/03. |
| K0541 | Speech generating device, digitized speech, using prerecorded messages, less than or equal to eight minutes, recording time | Yes* | BI | n/a | |
| K0542 | Speech generating device, synthesized speech, using pre-recorded messages, greater than 8 minutes recording time | Yes* | BI | n/a | |
| K0543 | Speech generating device, synthesized speech, requiring message formulation by spelling and access by physical contact with the device | Yes* | BI | n/a | |
| K0544 | Speech generating device, synthesized speech, permitting multiple methods of message formulation and multiple methods of device access | Yes* | BI | n/a | |
| K0545 | Speech generating software program, for personal computer or personal digital assistant | Yes* | BI | n/a | |
| K0546 | Accessory for speech generating device, mounting system | Yes* | BI | n/a | |
| K0547 | Accessory for speech generating device, NOC <i>Upper extremity</i> | Yes* | BI | n/a | |
| L8630 | Metacarpophalangeal joint implant <i>Lower extremity – Joint: knee, ankle, toe</i> | No | BI | n/a | |
| L8641 | Metatarsal joint implant | No | BI | n/a | |
| L8642 | Hallux implant <i>Miscellaneous muscular-Skeletal</i> | No | 174.11 | n/a | |
| L8658 | Interphalangeal joint implant <i>Cardiovascular system</i> | No | BI | n/a | |
| L8670 | Vascular graft material, synthetic, implant <i>General</i> | No | BI | n/a | |
| L8699 | Prosthetic implant, not otherwise specified | Yes* | BI | n/a | |
| L9900 | Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code | Yes* | BI | n/a | |

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| 21 st Century Scientific | Bounder | Power | K0011 |
| | Big Bounder, Bounder Plus | Power | K0014 |
| Adorno Rogers Technology, Inc. | Adorno ActivX 400 | Manual | K0004 |
| | Adorno ActivX 500 | Manual | K0005 |
| American Bantex Corporation | Bantex Superline (A05-16, A05-18, A07-14, A07-16, A07-18) | Manual | K0001 |
| | Bantex Regent Lightweight (R07-20) | Manual | K0003 |
| | Bantex Regent Lightweight (R05-16, R05-18, R07-16, R07-18) | Manual | K0004 |
| Amigo Mobility | Amigo Excite | Power | K0011 |
| Bruno Independent Living Aids, Inc. | Bruno PWC-2210, Bruno PWC-2310 | Power | K0010 |
| | Bruno PWC-2200, Bruno PWC-2300 | Power | K0011 |
| Canadian Wheelchair Mfg. | Magic VM Hemi, Magic VM Semihemi, Magic VM Standard, Magic VM Superlow | Manual | K0003 |
| Convaid | Safari Tilt | Manual | K0009 |
| C.T.M. Homecare Product, Inc. | C.T.M. Power Chair (HS-5600) | Power | K0011 |
| Custom Adaptive Vans | AMT Power Choice | Power | K0011 |
| Dalton Medical | Jaguar, SeaHawk Convertible 790, SeaHawk Super Hemi 799, SeaHawk Super Hemi 799C | Manual | K0004 |
| | E-Power Powerchair (L) | Power | K0011 |
| Damaco | Electro Lite Elite | Manual | K0001 |
| | Applause, Electro Lite (M) | Manual | K0004 |
| DCC Shoprider | FPC-1 (888-18), FPC (888-20)(L), Streamer 888W, Streamer 888WS | Power | K0011 |
| Dr. K Healthcare Products | Infiniti (I16-FFA-FR, I16-FFA-EL, I16-DDA-FR, I16-DDA-EL, I18-FFA-FX, I18-FFA-FR, I18-DDA-FR, I18-FFA-EL, I18-DDA-EL), Infiniti Recliner (IRCL-16-DDA-EL, IRCL-18-DDA-EL, IRCL-20-DDA-EL)(I,L) | Manual | K0001 |
| | Infinity LS (Low Seat) (I16LS-DDA-FR, I16LS-DDA-EL, I18LS-DDA-EL, I18LS-DDA-FR) | Manual | K0002 |
| | Cruiser III Lightweight (C316-DDA-FR, C316-DDA-EL, C318-DDA-FR, C318-DDA-EL), Cruiser III LS Lightweight (C316LS-DDA-FR, C316LS-DDA-EL, C318LS-DDA-FR, C318LS-DDA-EL), Cruiser LS High Strength Lightweight (Low Seat) (C20LS-DDA-FR, C20LS-DDA-EL) | Manual | K0003 |
| | Cruiser High Strength Lightweight (C14-DDA-FR, C14-DDA-EL, C16-DDA-FR, C16-DDA-EL, C18-DDA-FR, C18-DDA-EL), Cruiser LS High Strength Lightweight (Low Seat) (C14LS-DDA-FR, C14LS-DDA-EL, C16LS-DDA-FR, C16LS-DDA-EL, C18LS-DDA-FR, C18LS-DDA-EL), Panther High Strength Lightweight (P16-DDA-FR, P16-DDA-EL, P18 DDA-FR, P18-DDA-EL, P16—ADA-FR, P16-ADA-EL, P18-ADA-FR, P18-ADA-EL, P16-ADA-FR-AB, F16-ADA-EL-AB, P18-ADA-FR-AB, P18-ADA-EL-AB, P16-DDA-FR-AB, P16-DDA-EL-AB, P18-DDA-FR-AB, F18-DDA-EL-AB), Panther High Strength Lightweight (P20-DDA-EL-AB, P20-DDA-FR-AB), Panther LS High Strength Lightweight (P16LS-DDA-FR, P16LS-DDA-EL, P18LS-DDA-FR, P18LS-DDA-EL, P16LS-DDA-FR-AB, P16LS-DDA-EL-AB, P18LS-DDA-FR-AB, P18LS-DDA-EL-AB), Panther LS High Strength Lightweight (P20LS-DDA-FR-AB, P20LS-DDA-EL-AB) | Manual | K0004 |
| | Cruiser Heavy Duty Lightweight (C20-DDA-FR, C20-DDA-ELR)(K), Infiniti Heavy Duty Wide (I20-DDA-FR, I20-DDA-EL)(K) | Manual | K0006 |
| | Gladiator Heavy Duty/Extra Wide (G22-DDA-FR, G22-DDA-EL, G24-DDA-FR, G24-DDA-EL)(L) | Manual | K0007 |
| Eagle Parts and Products, Inc. | Liberty 624, Liberty 624 Mini – Front Wheel Drive (624-MF), Liberty 624 Mini – Rear Wheel Drive (624-MR) | Power | K0011 |
| Electric Mobility | Chauffeur 250 JS (with joystick), Chauffeur 250 PC, Chauffeur 255 JS HD (with joystick), Chauffeur 255 PC, Chauffeur 270 JS (with joystick), Chauffeur 275 JS HD SL (with joystick) Rascal 250 JS (with joystick), Rascal 250 PC, Rascal 255 JS HD (with joystick), Rascal 255 PC, Rascal 270 JS SL (with joystick), Rascal 275 JS HD SL (with joystick) | Power | K0010 |
| | Rascal Powerchair, Rascal Stowaway (Model 18), Rascal Stowaway (Model 20)(L), Rascal Turnabout, Viva Powerchair | Power | K0011 |
| Enduro Wheelchair Co. | Taurus | Manual | K0002 |
| | Libra, Little Star, Pegasus, Tyke | Manual | K0009 |
| Etac | Etac Twin, Swede Basic, Swede F3 | Manual | K0004 |
| | Swede ACT, Swede Cross, Swede Elite | Manual | K0005 |
| Everest & Jennings | New Traveler (Standard) (I), Premier Classic (Standard) (D), Traveler (Standard) (A), Traveler L, Universal (Standard) (A), Vista | Manual | K0001 |
| | New Traveler Hemi, Traveler (Standard hemi) (B), Universal (Standard hemi) (B) | Manual | K0002 |
| | EZ Lite, Lightning | Manual | K0003 |
| | Lightning LX, Metro, Metro LE, P2 Plus, SPF II, Vision Millennium | Manual | K0004 |

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| Manufacturer/ Brand Name | Model Name/Number | Type | HCPCS Code |
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| | Metro LX, Vision Barracuda, Vision Epic, Vision FX, Vision Nitro, Vision Reactor, Vision Record | Manual | K0005 |
| | New Traveler (Heavy-duty), Universal (Heavy-duty) (C) | Manual | K0006 |
| | Metro XD, Premier Classic (Extra heavy-duty) (F), Traveler XD | Manual | K0007 |
| | Sprint II | Power | K0010 |
| | Lancer 2000, Magnum, MX, Navigator, Sabre, Sabre LTD, Solaire, Sprint, Vortex (J) | Power | K0011 |
| | Metro, Quest, Tempest | Power | K0012 |
| | Lancer, Xcaliber | Power | K0014 |
| Evermed | Millenium Standard, Value Standard | Manual | K0001 |
| | Advantage Hemi-Convertible Standard (CAD60FP, CAD60LP, CAD80FP, CAD80LP, CAD00FP, CAD00LP) | Manual | K0002 |
| | Advantage Lightweight (CAL09FP, CAL09LP, CAL89FP, CAL89LP) | Manual | K0003 |
| | Advantage Lightweight (CAL69FP, CAL69LP), Galaxy High Strength Lightweight, Galaxy Transformer Lightweight (CLT68FP, CLT68LP, CLT88FP, CLT88LP, CLT08FP, CLT08LP) | Manual | K0004 |
| | Millenium Extra Wide (CWD00FP, CWD00LP, CWD20FP, CWD20LP, CWD40FP, CWD40LP), Super Ram Bariatric Reclining (CRX20LP, CRX40LP), Super Ram Bariatric (CXD20XP, CXD20LP, CXD40FP, CXD40LP, CXD60FP, CXD60LP, CXD80FP, CXD80LP, CXD00FP, CXD00LP) | Manual | K0007 |
| | Comfy Pediatric Reclining (CRK26LP, CRK46LP), Millenium Recliner | Manual | K0009 |
| Freedom Medical Enterprises, Inc. | Biotech C650 High Strength Lightweight | Manual | K0004 |
| | Biotech C650PW Programmable | Power | K0011 |
| Gendron | 5810LFW, 5812, 5814 (D), 5825 (D), 5830 (D), 7108, 7810 (D), 8555, Acti-Lite Recliner 2000 (I) | Manual | K0001 |
| | 5811(G) | Manual | K0002 |
| | 2058, 2811(D), 5810, Medi-Lite DX 2158 | Manual | K0003 |
| | 4000, Acti-Lite Adult 1000, Acti-Lite Wide 1000 | Manual | K0004 |
| | 2811(F), 5811(F), 5830 (F), 6500, 7810 (F), 5814 (F), 5825 (F), 58184Q, 6518Q, Bariatric Rehab (6720-20, 6722-20, 6724-20, 6726-20, 6728-20, 6730-20, 6732-20, 6720-22, 6722-22, 6724-22, 6726-22, 6728-22, 6730-22, 6732-22, 6828-20, 6830-20, 6832-20, 6826-22, 6828-22, 6830-22, 6832-22), Regency XL 2000, Regency XL 2000 Bariatric Rehab (6720-18)(K), Regency XL 2000 Bariatric Rehab (6722-18, 6724-18, 6726-18, 6728-18, 6730-18, 6732-18, 6826-20)(L) | Manual | K0007 |
| | Acti-Lite Youth 3000 | Manual | K0009 |
| | Regency DX 2000 (7218-62-18-20-18, 7218-62-18-20-20, 7218-62-18-20-22, 7218-62-18-22-18, 7218-62-18-22-20, 7218-62-18-22-22, 7218-62-18-24-18, 7218-62-18-24-20, 7218-62-18-24-22, 7518-62-18-24-18, 7518-62-18-24-20, 7518-62-18-24-22, 7518-62-18-26-18, 7518-62-18-26-20, 7518-62-18-26-22, 7518-62-18-28-18, 7518-62-18-28-20, 7518-62-18-28-22, 7518-62-18-30-18, 7518-62-18-30-20, 7518-62-18-30-22) | Power | K0014 |
| Golden Technologies | Alante 3 (GP-203-R, GP-203-F) | Power | K0010 |
| | Alante (GP-100, GP-201-R, GP-201-F), Alero Foldable (GP-50) | Power | K0011 |
| | Alante 2 (GP-202-R, GP-202-F) | Power | K0014 |
| Guardian | GS-2000 (Standard) (A), H-1000, H-2000 (Standard) (A) | Manual | K0001 |
| | GL-2000 (Standard hemi) (B), GS-2000 (Standard hemi) (B), H-2000 (Standard hemi) (B) | Manual | K0002 |
| | GL-2000 (Lightweight) (H) | Manual | K0003 |
| Gunnell | MAC Complete, MAC Mobility Base, TNT Adult, TNT Lite | Manual | K0009 |
| Hoveround | HVR1 | Manual | K0001 |
| | HVR2 | Manual | K0002 |
| | HVR3 | Manual | K0003 |
| | HVR6 | Manual | K0006 |
| | HVR7 | Manual | K0007 |
| | LTV, MPV, Technique HVR 200 | Power | K0011 |
| | Technique XHD | Power | K0014 |
| IMC – Heartway, LLC (Formerly Transworld Mobility Distribution LLC) | Allure (HP-3DX), Rumba S (HP-3S) | Power | K0011 |
| Invacare | 9000 Recliner (Standard) (I), CareGuard, Futuro 4800, Futuro 4130, Invacare MG, Rolls 900 (Standard), Rolls 4000 (Standard) (D), Tracer, Tracer EX, Tracer LX-Standard (A), Tracer Plus | Manual | K0001 |
| | Tracer LX-Hemi (B), Tracer DLX | Manual | K0002 |
| | Rolls 2000, Tracer LT, Tracer SX | Manual | K0003 |
| | 9000 SL Series, 9000 XT Series, CareGuard Titan, Patriot, Patriot SL, Ride Lite 2000, Ride Lite 9000, Tracer Titan, XT | Manual | K0004 |
| | A6-S Manual, Action A4, Action Allegro, Action F4, Action MVP, Action Pro, Action Pro-T, Action Style, Action Top End Terminator, Action Xtra, F6-S Manual, Spyder, Super Action Pro-T | Manual | K0005 |
| | Rolls 900 (Heavy-duty) (E) | Manual | K0006 |

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| | 9000XDT, Rolls 4000 (Extra heavy-duty) (F), Tracer IV | Manual | K0007 |
| | Action AT, Action Comet, Action Jr., Action Orbit, Solara, Solo, Youthmobile 9000 | Manual | K0009 |
| | Action Excel, Nutron (R50LX), Pronto M50 with SureStep with MKIV RII LP Electronics | Power | K0010 |
| | 3G Storm Series Ranger X Power – Model 3GRX – Ranger X Base and Seat with MKIV A Electronics, 3G Storm Series Torque SP Power – Model 3GTQSPR2 – Torque SP Base and Seat with MKIV RII, 3G Storm Series Torque SP Power – Model 3GTQSP – Torque SP Base and Seat with MKIV A Electronics, Nutron (R51, R51LX, R51LXP), Pronto M51 with SureStep with MKIV RII Electronics, Pronto M6 (M1065BL, M1065RD), Pronto M71 Power with SureStep, Pronto M91 Power with SureStep with MKIV RII Electronics, Pronto R2 with MKIVRII (R2MWD), Ranger II, Ranger X, Storm Ranger X, Storm Torque, Xterra GT Power (XTGTR80) | Power | K0011 |
| | Action P7E, Nutron (R32, R32LX), Power 9000 | Power | K0012 |
| | 3G Storm Series Arrow Power – Model 3GAR – Arrow Base and Seat with MKIV A Electronics, Action Arrow, Action Tiger, Arrow, Storm Arrow, XT | Power | K0014 |
| Kareco | Impact Recliner, Rough Rider | Manual | K0001 |
| | Impact-Hemi | Manual | K0002 |
| | Impact-Lite Hemi, Klassic-Lite, Klassic-Plus | Manual | K0003 |
| | K-Force Series (KF807-12-U16, KF807-12-U18, KF808-12-U16, KF808-12-U18, KF809-12-U16, KF809-12-U18), K-Force Series (KF807-12-U20, KF808-12-U20, KF809-12-U20) | Manual | K0004 |
| | Impact-Lite Wide | Manual | K0006 |
| | Impact Wide | Manual | K0007 |
| Kuschall | Champion 1000 | Manual | K0004 |
| | Champion 3000, Competitor, Rebel | Manual | K0005 |
| Labac | MRC (I) | Manual | K0001 |
| | BTC, MTC, MTRC | Manual | K0009 |
| Leisure Lift, Inc. | PaceSaver Scout, Scout M2 | Power | K0010 |
| | PaceSaver Scout, Scout M1 | Power | K0011 |
| | Scout RF4 | Power | K0014 |
| Levo USA, Inc. | Levo Active-Easy LAE, Levo Compact LC, Levo Compact-Easy LCE | Manual | K0001 |
| | Levo Mobil LCM Comfort | Power | K0011 |
| Liberator Wheelchairs, Inc. | Liberator | Power | K0011 |
| Love Lift | Love Lift System 2214P | Power | K0014 |
| Lumex | Wheeled Chair Table (528) | Manual | E1031 |
| | 1000 Series, 4000 Series, 5000 Series Transport, Trekker, Trekker Heavy Duty Wide, Trekker X Deluxe - Standard | Manual | K0001 |
| | 5000 Series Hemi, Trekker Full Recliner, Trekker Hemi | Manual | K0002 |
| | 3000 Series, Trekker L, Trekker X Deluxe - Lightweight | Manual | K0003 |
| | 6000 Series, 6000 Series Hemi, Trekker H | Manual | K0004 |
| | 5000 Series Wide 20" (K) | Manual | K0006 |
| | 5000 Series Wide 22" (L), 5000 Series Wide 24" (L) | Manual | K0007 |
| Major Mobility Products | Mirage Standard (5116FA-SF, 5116FA-EL, 5116RA-SF, 5116RA-EL, 5118FA-SF, 5118FA-EL, 5118RA-SF, 5118RA-EL) | Manual | K0001 |
| | Falcon Lightweight (7118RA-SF, 7118RA-EL) | Manual | K0003 |
| | Viper Lightweight (8116FB-SF, 8116FB-EL, 8118FB-SF, 8118FB-EL, 8116AH-SF, 8116AH-EL, 8118AH-SF, 8118AH-EL) | Manual | K0004 |
| | Mirage Heavy Duty (6120RA-SL, 6120RA-EL, 6122RA-SF, 6122RA-EL) | Manual | K0006 |
| Maple Leaf Wheelchairs | MLT700A, MLTR600, NRG + Recliner | Manual | K0001 |
| | Access, NRG +, Swift | Manual | K0003 |
| | Superlift | Manual | K0009 |
| Medbloc | Eclipse 350 | Manual | K0007 |
| | Eclipse 800 | Manual | K0009 |
| Medical Depot, Inc. | Sentra Deluxe (STD16FAFF, STD16FA, STD16DDA, STD18FAFF, STD18FA, STD18DDA), Sentra EC (STD16ECFA-FF, STD16ECFA-SF, STD16ECFA-SELR, STD16ECDDA-SF, STD16ECDDA-SELR, STD16ECDFA-SF, STD16ECDFA-SELR, STD18ECFA-FF, STD18ECFA-SF, STD18ECFA-SELR, STD18ECDDA-SF, STD18ECDDA-SELR, STD18ECDFA-SF, STD18ECDFA-SLER) Sentra Plus (PSTD16DDA, PSTD16DFA, PSTD16ADDA, PSTD16ADFA, PSTD18DDA, PSTD18DFA, PSTD18ADDA, PSTD18ADFA, PSTD20ECDDA, PSTD20ECDDA, PSTD20ECADFA, PSTD20ECADFA), Sentra Reclining (STD16RBDDA, STD16RBDDA, STD16BADDA, STD16BADFA, STD18RBDDA, STD18RBDDA, STD18RBDDA, STD18RBDDA, STD18RBDDA, STD18RBDDA, STD20RBDDA, STD20RBDDA, STD20RBDDA, STD20RBDDA)(I) | Manual | K0001 |
| | Astaire Plus (PL316DDA, PL316ADDA, PL316ADFA, PL318DDA, PL318DFA, PL318ADDA, PL318DFA, PL318ADFA, PL320DDA, PL320ADDA, PL320ADFA, PL320ADFA, PL322DDA, PL322ADDA, PL322DFA, PL322ADFA), Astaire (L316DDA, L316DFA, L318DDA, L318DFA) | Manual | K0003 |

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| | Cirrus (C418DDA, C416DDA, C418DFA, C416DFA), Viper Plus (PL416FBDAAR, PL416FBFAAR, PL418FBDAAR, PL418FBFAAR, PL420FBDAAR, PL420FBFAAR, PL422FBDAAR, PL422FBFAAR)(I), Viper (L416DDA, L416DFA, L418DDA, L418DFA, L420DDA, L420DFA) | Manual | K0004 |
| | Sentra Heavy Duty (STD20DDA, STD20ECDDA, STD20DFA, STD20ADDA, STD20ADFA, STD22DDA, STD22DFA, STD22ADDA, STD22ADFA, STD24DDA, STD24DFA, STD24ADDA, STD24ADFA) | Manual | K0007 |
| | Sentra Reclining (STD16RBDDA, STD16RBDFA, STD16BADD, STD16RBADFA, STD18RBDDA, STD18RBDFA, STD18BADD, STD18RBADFA, STD20RBDDA, STD20RBDFA, STD20BADD, STD20RBADFA) | Manual | K0025 |
| | Sentra Reclining (STD16RBDDA, STD16RBDFA, STD16BADD, STD16RBADFA, STD18RBDDA, STD18RBDFA, STD18BADD, STD18RBADFA, STD20RBDDA, STD20RBDFA, STD20BADD, STD20RBADFA), Viper Plus (PL416FBDAAR, PL416FBFAAR, PL418FBDAAR, PL418FBFAAR, PL420FBDAAR, PL420FBFAAR, PL422FBDAAR, PL422FBFAAR) | Manual | K0028 |
| Medline | Excel (MDS806100, MDS806150, MDS806200, MDS806250, MDS806300), Excel 2000 (MDS806100D, MDS806150D, MDS806200D, MDS806250D, MDS806300D), Excel Narrow (MDS806150N, MDS806200N, MDS806250N, MDS806300N), Oasis Modulo Comfort (MDS808300A and MDS808300B)(I) | Manual | K0001 |
| | Excel Hemi (MDS806400) | Manual | K0002 |
| | Excel Lightweight (MDS806600, MDS806650) | Manual | K0003 |
| | Excel K4 (MDS806500, MDS806550) | Manual | K0004 |
| | Excel Extra Wide (MDS806700, MDS806750, MDS806800, MDS806850), Shuttle (MDS809500, MDS809525, MDS809550, MDS809575) | Manual | K0007 |
| Merits Health Products | Travel Ease M2 | Manual | K0001 |
| | Travel Ease Hemi M46 | Manual | K0002 |
| | M11 Freedom Lightweight | Manual | K0003 |
| | M12 Rover Travel Ease | Manual | K0004 |
| | Travel Ease 20" | Manual | K0006 |
| | Travel Ease 22", Travel Ease 24" | Manual | K0007 |
| | MP10 | Power | K0010 |
| | MP-3 Power Base Chair, MP-3C Rear Wheel Drive, Travel Ease, Travel Ease (MP-1I(N)), MP-1I(A)), Travel Ease (MP-1I(W)),(L) Travel Ease Power Base (MP3CF), Travel Ease Power Base (MP3U, MP-3R, MP-3F) | Power | K0011 |
| | MP3HD Big Boy | Power | K0014 |
| Morgan Tech, Inc. | Microlite SL, Microlite SLS, SL, SLS | Manual | K0003 |
| Movingpeople.net | CAT Multifunctional Manual (CA1110XX) | Manual | K0001 |
| | Y.E.S. Power Base Wheelchair (YS000200)(L) | Power | K0011 |
| Natural Access | Landez All-Terrain | Non-covered | A9270 |
| Optima | EcoStar, Premium | Manual | K0003 |
| | Ultralight, Universal | Manual | K0004 |
| | Sport One | Manual | K0005 |
| | Super Junior, Super One | Manual | K0009 |
| Optiway Technology, Inc. | Corsair | Power | K0011 |
| Ortho Fab | Grizzly, Kameleon | Power | K0011 |
| Otto Bock Group | Protege, Z-750 | Manual | K0004 |
| | Z-700B, Z-700C, Z-700L | Manual | K0005 |
| Pediatric | Manual | Manual | K0009 |
| | Power | Power | K0014 |
| Permobil | Avenger, Boing, Challenger, Eclipse 600, G Force, Impact, Swoosh, Xtreme | Manual | K0005 |
| | Little Dipper | Manual | K0009 |
| | Chairman Basic, Chairman Entra | Power | K0011 |
| | Chairman (J), Hexior (J), Max 90 (J) | Power | K0014 |
| Pillar Technology, Inc. | Deluxe Snappy (TE88WS), Snappy (TE88W) | Power | K0011 |
| | 888WS-HD500 | Power | K0014 |
| Plainsense Wheelcharis, Inc. | The Bug | Manual | K0009 |
| PMI Incorporated | PMI Standard (1001, 1002, 1003, 1004, 1009, 1010, 1011, 1012) | Manual | K0001 |
| | PMI Lightweight (2010, 2011, 2012, 2013), PMI Standard (1005, 1006, 1007) | Manual | K0003 |
| | PMI High Strength Lightweight (1601, 1602, 1801, 1802) | Manual | K0004 |
| | PMI Heavy Duty (1013, 1014) | Manual | K0007 |

WHEELCHAIR CODING CHART

Appendix A

| Manufacturer/ Brand Name | Model Name/Number | Type | HCPCS Code |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|
| Pride | Jazzy PHC-10, Jet 10, Jet 105, Pride LX 10 | Power | K0010 |
| | Jazzy (1100, 1113, 1115, 1120, 1122, 1143), Jazzy 1101, Jazzy 1121 with Active-Trac Suspension, Jazzy Basic (1104, 1105), Jazzy Mini Power 1103, Jazzy (PHC1, PHC5), Jazzy XL 1170, Jet 1, Jet 2, Jet 3, Jet 7, Pride LX, Quantum Blast 650, Quantum Blast 850 | Power | K0011 |
| | Jet 12 | Power | K0012 |
| | Jazzy (1400, 1420, 1470), Jet 1HD, Quantum Blast HD, Quantum Dynamo, Quantum Dynamo ATS | Power | K0014 |
| Redman | Chief 107SR, Geronimo RC, Geronimo PR (J), Power Road Warrior, Road Savage | Power | K0011 |
| | Chief RU, Chief SR | Power | K0014 |
| Roll-Ability USA, Inc. | J.A.G. Lightweight | Manual | K0005 |
| The Standing Company | Superstand | Manual | K0001 |
| | Lifestand | Manual | K0009 |
| Suiter Medical | World Class Wheeled Chair | Manual | K0009 |
| Summit Durable Medical Equipment | Catalina (120, 120S, 130, 130L/DX, 130S), Dimension (180E, 180LE, 180SE)(I) | Manual | K0001 |
| | Pioneer (140, 150, 150L, 150L/DX, 150S) | Manual | K0002 |
| | Horizon (250, 250L, 250S), Legacy Ultra (310L, 310LE), Lunar (260/DLX, 260E/DLX), Newport (220, 220S, 220/DLX, 230, 230L, 230S), Pioneer (140S) | Manual | K0003 |
| | Excel (340, 340E, 340S, 340SE), Legacy (290, 290E, 290L, 290LE, 290S, 290SE), Legacy Ultra (310, 310S, 310E, 310SE) Legacy Ultra X (320, 320L, 320S, 320E, 320LE, 320SE) | Manual | K0004 |
| | Explorer (130XL, 130XXL, 130XL/ECO, 130XXL/ECO), Sierra (150XL, 150XXL) | Manual | K0007 |
| | Junior (190, 190E, 190S, 190SE) | Manual | K0009 |
| | Bravo (HP3, HP3L)(L), Bravo (HP4), Bravo (HP4L)(L), C.T.M. Power (HS-5600), Marvel (HP1, HP1L, HP1S)(L) | Power | K0011 |
| | Marvel (HP5, HP5S), Marvel (HP5L)(L) | Power | K0012 |
| | Bravo (HP6) | Power | K0014 |
| Sunrise Medical | Breezy 150 | | |
| | Breezy, Breezy 2, Breezy 500, Breezy 510, Breezy 600, Quickie EX, Quickie LX, Quickie Recliner, Quickie RX | Manual | K0004 |
| | Quickie 2, Quickie 2HP, Quickie Carbon, Quickie GP, Quickie GP Swing-Away, Quickie GPS, Quickie GPS Ti, Quickie GPV, Quickie LXI, Quickie R2 Adjustable, Quickie R2 Rigid, Quickie Revolution, Quickie Shadow, Quickie ST/DT, Quickie Ti, Quickie TNT, Quickie Triumph, Quickie XTR | Manual | K0005 |
| | Quickie Kidz, Quickie M6, Quickie T45, Quickie TS, Zippie, Zippie 2, Zippie GS, Zippie TS | Manual | K0009 |
| | Quickie G-424, Quickie P-190, Quickie P-200, Quickie P-210, Quickie P-220 (Model 124PC1), Quickie S-525, Quickie V-521 | Power | K0011 |
| | Quickie P-100, Quickie P-110, Quickie P-120, Quickie V-121 | Power | K0012 |
| | Quickie P-222, Quickie P-222 SE (Model 116PC1), Quickie P-300, Quickie P-320, Quickie S626, Quickie S646 (Model 105PC1), Quickie S-646 SE (Model 105PC1) | Power | K0014 |
| Teftec Corporation | Omega Trac | Power | K0011 |
| | Alpha Trac (B252F, B253F, B254F, B255F, B256F), Beta Trac (B343F, B344F, B34BF, B34CF, B34DF), Omega Trac (B102F, B103F, B104F, B105F, B106F, B122F, B123F, B124F, B125F, B126F) | Power | K0014 |
| Theradyne | Envoy Recliner, Maxim Recliner | Manual | K0001 |
| | Envoy Hemi, Envoy Standard, Integra, Maxim Hemi, Maxim SL, Maxim SL Hemi, Maxim Standard, Maxim SL Standard, T-Bird Standard, Venture Hemi, Venture Hemi Lightweight, Venture Lightweight, Venture Standard | Manual | K0003 |
| | Envoy Lightweight, Maxim Lightweight | Manual | K0004 |
| | T-Bird Adjustable | Manual | K0005 |
| | Envoy Wide (K), Maxim Wide, Venture Wide | Manual | K0007 |
| | T-Bird Youth | Manual | K0009 |
| | Rover LWF Plus, Rover LWF T1, Vasselli T1, Vassilli T2 | Power | K0011 |
| | Rover Express, Rover LWF T1 Junior, Rover R, Rover TS, Vassilli Lifestyle, Vassilli Manual Stander, Vassilli Manual Stander Junior, Vassilli Power Stander, Vassilli Power Stander Junior, Vassilli Recline, Vasselli T1 Junior, Vasselli T2 Junior, Vassilli Tilt | Power | K0014 |
| Tisport | Cross-Sport, Cross-Sport C, TiSport X, TiSport XC | Manual | K0005 |
| Trac About, Inc. | IRV 2000 | Power | K0014 |
| Transworld Mobility Distribution, LLC (International Mobility Company) | Escape (HP-5R) | Power | K0011 |
| | Rumba (HP-3) | Power | K0014 |

| Manufacturer/ Brand Name | Model Name/Number | Type | HCPCS Code |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------|
| Tuffcare | Eagle, Reliance, Tuffy Deluxe 867/877, Tuffy Recliner 477, Tuffy Standard 257/267/277, Venture Economy (Models 227, 227E, 237, 237E) | Manual | K0001 |
| | Hemi Deluxe/Adult, Tuffy Hemi 887/897 | Manual | K0002 |
| | Economy 247, Falcon, Falcon Hemi/Adult, Hawk Convertible 795, Hawk Super Hemi, Tuffy Hemi Light 687/697, Tuffy Light 687/697 | Manual | K0003 |
| | Compact 777, Compact Super Hemi (770, 797, 797W) | Manual | K0004 |
| | Super Eagle | Manual | K0006 |
| | Extra Wide Hemi (352, 352X, 355, 357), Extra Wide Recliner (495, 497E, 497XE), Newport Extra Wide (L), Super Extra Wide, Tuffy Extra Wide 377, Tuffy Extra Wide Hemi 356/358, Tuffy Super Extra Wide 397 | Manual | K0007 |
| | Compact Pediatric 997, Falcon Hemi/Pediatric, Falcon Pediatric, Falcon Pediatric Recliner, Hemi/Deluxe Pediatric, Newport Recliner 475 (Pediatric), Newport Recliner (475, 477E, 477WE - Adult), Tilt-in-Space Recliner 455 | Manual | K0009 |
| | Challenger DX 1450 (1450, 1450E, 1450N, 1450NE, 1450W, 1450WE) | Power | K0010 |
| | Challenger 2000, Challenger BP 5000 (5000, 5000N, 5000E, 5000NE, 5000W, 5000WE), Challenger DX 1500, Challenger FX 1700 (1700, 1700N, 1700E, 1700NE, 1700W, 1700WE), Challenger Pediatric 1200 (1200CA, 1200CE), Challenger PP 5500, Challenger Recliner 2040 | Power | K0011 |
| | Challenger BX 6000 (6000, 6000E, 6000X, 6000XE), Challenger Extra Wide 2500, Challenger Pediatric 1000, Challenger PX 6500 | Power | K0014 |
| Vestil Innovation in Motion | Extreme 4x4 | Power | K0014 |
| Wheel Ring, Inc. | Taurus | Manual | K0003 |
| Wheelcare, USA | Powerchair | Power | K0014 |
| Wheelchairs of Kansas | WIZZ-ard | Manual | K0006 |
| | BCW 600, BCW Advantage (BCWAD22, BCWAD24, BCWAD26, BCWAD28, BCWAD30), BCW Recliner | Manual | K0007 |
| | BCW Power, BCW Powerchair (Model BCWPR), Overlander/PEV 2000, Prairie Cruiser | Power | K0014 |
| Winmed Products Company | Tango | Power | K0011 |
| WU HO Medical | EIM | Manual | K0005 |
| XL Manufacturing | Pacer | Manual | K0003 |
| | Comp | Manual | K0004 |
| | Challenger | Manual | K0009 |

Footnotes:

- (A) Use K0001 if seat height is ≥ 19 inches and seat width is < 22 inches.
- (B) Use K0002 if seat height is < 19 inches and seat width is < 22 inches.
- (C) Use K0006 if seat width is ≥ 22 inches.
- (D) Use K0001 if seat width is < 20 inches.
- (E) Use K0006 if seat width is ≥ 20 inches.
- (F) Use K0007 if seat width is ≥ 20 inches.
- (G) Use K0002 if seat width is < 20 inches.
- (H) Use K0003 if seat height is < 19 inches.
- (I) Code the reclining back separately using K0028.
- (J) Code the power recline/tilt separately using K0108.
- (K) Code seat width of 10 or 20 inches separately using K0057.
- (L) Code seat width > 18 inches separately using K0108.
- (M) Code the power module separately using K0108.

POWER OPERATED VEHICLES AND ROLLOUT CHAIRS PRODUCT CLASSIFICATION LIST

Appendix B

| Product Name | Manufacturer | HCPCS Code |
|---------------------------------------------------------------------------------------|----------------------------------------|------------|
| 3-Position Recliner (Model 574) | Lumex | E1031 |
| 3-Position, Heavy-Duty Recliner (Model 561) | Lumex | E1031 |
| 5000 Series Transport | Tuffcare | E1031 |
| Activa POV | Hoveround | E1230 |
| BioCare Seating System | Temco | E1031 |
| Body Guard | May Corporation | E1031 |
| Broda 785 Tilt Recliner | Broda Seating | E1031 |
| Broda 885 Tilt Chair | Broda Seating | E1031 |
| Broda Adult Small Glider (Model 100-10AS) | Broda Seating | A9270 |
| Broda Basic Tilt Chair (Model 80V) | Broda Seating | E1031 |
| Broda Basic Tilt Recliner (Model 30VT) | Broda Seating | E1031 |
| Broda Elite Chair (Model 35V) | Broda Seating | E1031 |
| Broda Elite Chair (Model 75V) | Broda Seating | E1031 |
| Broda Elite Chair (Model 85V) | Broda Seating | E1031 |
| Broda Glider (Model 100-20) | Broda Seating | A9270 |
| Broda Pedal Chair (Model 48) | Broda Seating | E1031 |
| Broda Straight Chair (Model 300-20) | Broda Seating | A9270 |
| Cabbie companion | Kareco | E1031 |
| Care Cliner | Winco | E1031 |
| Caremor Cliner | Winco | E1031 |
| Carony Transport Wheelchair (Model TAS-00910) | Bruno Independent Living Aids | E1031 |
| Celebrity | Pride Healthcare | E1230 |
| Chanson | WINMED Products Co. | E1230 |
| Chanson IV | WINMED Products Co. | E1230 |
| Chauffeur (Model 250, 255 HD, 270 SL, 275 HD SL) | Electric Mobility | E1230 |
| Chauffeur Model 305 | Electric Mobility | E1230 |
| Clinical Care Recliner (Model 577) | Lumex | E1031 |
| Companion (GC-220) | Golden Technologies | E1230 |
| Companion Chair | Everest & Jennings | E1031 |
| Companion II (GC-320) | Golden Technologies | E1230 |
| Convoid Convertible Model CV12 | Convoid | E1031 |
| Convoid Convertible Model CV14 | Convoid | E1031 |
| Convoid Convertible Model CV16 | Convoid | E1031 |
| Convoid Convertible Model CV18 | Convoid | E1031 |
| Convoid Cruiser | Convoid | E1031 |
| Convalescent Recliner | Winco | E1031 |
| C.T.M. Mobility Scooter (Model HS-320) | C.T.M. Homecare Product, Inc. | E1230 |
| C.T.M. Mobility Scooter (Model HS-360) | C.T.M. Homecare Product, Inc. | E1230 |
| C.T.M. Mobility Scooter (Model HS-570) | Summit Durable Medical Equipment, Inc. | E1230 |
| C.T.M. Mobility Scooter (Model HS-580) | Summit Durable Medical Equipment, Inc. | E1230 |
| Cyclone 3 Sport Scooter (Models SPSC4000RED, SPSC4000VBLU, SPSC4000BLK, SPSC4400FGRE) | Pride Mobility Products Corporation | E1230 |
| Cyclone 4 Sport Scooter (Models SPSC4400RED, SPSC4400VBLU, SPSC4400BLK, SPSC4400FGRE) | Pride Mobility Products Corporation | E1230 |
| DMI Transport Chair | Duro-Med Industries | E1031 |
| Dyna-Po | May Corporation | E1031 |
| Envoy Transport | Theradyne | E1031 |
| Escort II 3000 | Tuffcare | E1230 |
| Escort Three-Wheeled Scooter (Model 3200) | Tuffcare | E1230 |
| Escort Four-Wheeled Scooter (Model 4300) | Tuffcare | E1230 |
| Excel Passenger Transport | Medline | E1031 |
| Explorer Scooter | Ortho Kinetics, Inc. | E1230 |
| EZ Fold 400 | McBon | E1031 |

POWER OPERATED VEHICLES AND ROLLOUT CHAIRS PRODUCT CLASSIFICATION LIST

Appendix B

| Product Name | Manufacturer | HCPCS Code |
|------------------------------------------------------------------------------------|-------------------------------------|------------|
| Gendron Model 9510 | Gendron | E1031 |
| Gendron Model 9810 | Gendron | E1031 |
| Golden Eagle GE-300 | Golden Technologies | E1230 |
| Golden Eagle GE-400 | Golden Technologies | E1230 |
| Golden Eagle GE-600 | Golden Technologies | E1230 |
| Golden Eagle GE-700 | Golden Technologies | E1230 |
| Golden Years Chair | Winco | E1031 |
| Guardian Transport Chair (#997-0610) | Sunrise Medical | E1031 |
| Gypsy (Model P-33) | IMC-Heartway, LLC | E1230 |
| H-1000 Transport | Guardian | E1031 |
| High-Back Chair Table (Model 546) | Lumex | E1031 |
| HTR Tilt/Recline Chairs | Canadian Wheelchair | E1031 |
| Institutional Transporter 800 | Tuffcare | E1031 |
| Invacare Multi-Position Recliner (Models 6907, 6907-A, 6908) | Invacare | E1031 |
| Invacare Traditional Three-Position Recliner (Model 6905A) | Invacare | E1031 |
| Jewel MPS | Vestil Innovation in Motion | E1399 |
| LA300 Personal Scooter | Assembled Products Corporations | E1230 |
| Laser 3 Sport Scooter (SPSC300RED, SPSC300VBLU, SPSC340OBLK) | Pride Mobility Products Corporation | E1230 |
| Laser 4 Sport Scooter (SPSC340RED, SOSC340VBLU, SPSC340OBLK) | Pride Mobility Products Corporation | E1230 |
| Legend 3-Wheel Scooter (Model SC3000) | Pride Mobility Products Corporation | E1230 |
| Liberty 324 | Eagle arts and Products | E1230 |
| Life Cliner | Winco | E1031 |
| Limo III 3500 and 4000 | Tuffcare | E1230 |
| Lynx LX-3 Personal Mobility Vehicle | Invacare | E1230 |
| Lynx SX-3 Personal Mobility Vehicle | Invacare | E1230 |
| Lynx SX-3P Personal Mobility Vehicle | Invacare | E1230 |
| Maple Leaf MLT 500 T/R Chair | Maple Leaf Wheelchairs | E1031 |
| Maple Leaf MLT 700B Tilt Chair | Maple Leaf Wheelchairs | E1031 |
| Merry Motivator | Merry Walker Corporation | E1031 |
| Nomad (Model PF-3) | IMC – Heartway, LLC | E1230 |
| Optiway 2001 LXS3 | Optiway Technology | E1230 |
| Optiway 2001 LXS4 | Optiway Technology | E1230 |
| P2 Companion Wheelchair | Everest & Jennings | E1031 |
| Panda Pediatric Positioning System | Otto Bock Rehab | E1031 |
| Panther LX-4 Personal Mobility Vehicle | Invacare | E1230 |
| Panther MX-4 Personal Mobility Vehicle | Invacare | A9270 |
| Pioneer II | Merits Health Products | E1230 |
| PM 100 | McBon | E1031 |
| PMI 17" Transport Chair (Model #0005) | PMI Incorporated | E1031 |
| PMI 17" Lightweight Aluminum Transport Chair (Models 9200, 9200BL, 9200GR, 9200BK) | PMI Incorporated | E1399 |
| PMI 19" Transport Chair (Model #9105) | PMI Incorporated | E1031 |
| PMI 19" Lightweight Aluminum Transport Chair (Models 9201, 9201BL, 9201GR, 9201BK) | PMI Incorporated | E1399 |
| Pogon Mobility Bases | Theradyne | E1031 |
| Posture Guard | May Corporation | E1031 |
| Posture Value | May Corporation | E1031 |
| Preferred Care Family Recliner (Model 565) | Lumex | E1031 |
| Ralley Scooter | Pride Health care | E1230 |
| Rambler | Rambler Mobility Inc. | E1230 |
| Rascal (Models 250, 255 HD, 270 SL, 275 HD SL) | Electric Mobility | E1230 |
| RC 200 | McBon | E1031 |
| Revo (Models SC60RRED, SC60RBLU, SC60RYEL) | Pride Mobility Products Corporation | E1230 |

POWER OPERATED VEHICLES AND ROLLAABOUT CHAIRS PRODUCT CLASSIFICATION LIST

Appendix B

| Product Name | Manufacturer | HCPCS Code |
|----------------------------------------------------|-------------------------------------|------------|
| Shuttle | Pride Healthcare | E1230 |
| Sonic (Model SC-50) | Pride Mobility Products Corporation | E1230 |
| Standard Transporter 200 | Tuffcare | E1031 |
| Table-Mate Wheeled Lounge Chair (Model 511) | Lumex | E1031 |
| T-Bird Transport | Theradyne | E1031 |
| Temco Transport Chair | Temco | E1031 |
| Tracer Transport | Invacare | E1031 |
| Transporter | Tuffcare | E1031 |
| Travel-Ease Electric Scooter (Model Pioneer 2) | Mertis Health Products | E1230 |
| Travel-Ease Electric Scooter (Model Pioneer 3) | Mertis Health Products | E1230 |
| Travel-Ease Electric Scooter (Model Pioneer 4) | Mertis Health Products | E1230 |
| Travel-Ease Electric Scooter (Model Pioneer 5) | Mertis Health Products | E1230 |
| Travel-Ease Transport Companion Chair – Model M2TC | Mertis Health Products | E1031 |
| Travel-Ease Transport Companion Chair – Model M2TF | Mertis Health Products | E1031 |
| Travel-Ease Transport Companion Chair – Model M2TL | Mertis Health Products | E1031 |
| Travel-Ease Transport Companion Chair – Model M4TF | Mertis Health Products | E1031 |
| Travel-Lite Companion | Evermed | E1031 |
| Trekker C | Lumex | E1031 |
| Typhoon C3 Scooter | Bruno Independent Living Aids | E1230 |
| Ultimate Transport Chair | Essential Medical Supply | E1031 |
| Ultra Lightweight Transporter | Tuffcare | E1031 |
| Wheeled Chair Table (Model 528) | Lumex | E1031 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|-------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Fluftex Gauze Rolls (Non-Sterile) | | Gauze, non-elastic, non-sterile, per linear yard | A6264 |
| Fluftex Gauze Rolls (Sterile with Raypaque) | | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Fluftex Gauze Rolls (Sterile) | | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Fluftex Gauze Sponges (Non-Sterile) | | Gauze, non-impregnated, non-sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6217 |
| Fluftex Gauze Sponges (Sterile) | | Gauze, non-impregnated, sterile, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6403 |
| A & D Barrier Ointment | 3M | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| A & D Emollient Cream | 3M | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Antiseptic Skin Cleanser | 3M | Wound cleansers, any type, any size | A6260 |
| Blenderm Surgical Tape | 3M | Tape, waterproof, per 18 square inches | K0573 |
| Cloth Adhesive Tape | 3M | Tape, non-waterproof, per 18 square inches | K0572 |
| Coban LF Latex Free Self-Adherent Wrap | 3M | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Coban Self-Adherent Wrap | 3M | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Durable Barrier Cream | 3M | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Foot Emollient Cream | 3M | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Medipore H Soft Cloth Surgical Tape | 3M | Tape, non-waterproof, per 18 square inches | K0572 |
| Medipore Pre-Cut Dressing Covers | 3M | Tape, non-waterproof, per 18 square inches | K0572 |
| Medipore Soft Cloth Surgical Tape | 3M | Tape, non-waterproof, per 18 square inches | K0572 |
| Microdon Soft Cloth Adhesive Wound Dressing | 3M | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6221 |
| Microdon Surgical Dressings | 3M | Specialty absorptive dressing, wound cover | A6251-A6256 |
| Micropore Surgical Tape | 3M | Tape, non-waterproof, per 18 square inches | K0572 |
| No Sting Barrier | 3M | Ostomy skin barrier; liquid (spray, brush, etc.), per oz. | A4369 |
| One-Step Skin Care Lotion | 3M | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Opticlude Orthoptic Eye Patches | 3M | Surgical supply; miscellaneous | A4649 |
| Soft Cloth Adhesive Wound Dressing | 3M | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6221 |
| Stomaseal Adhesive Disk | 3M | Adhesive or non-adhesive; disk or foam pad | A5126 |
| Stomaseal Colostomy Dressing | 3M | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6219 |
| Tega Foam Dressings | 3M | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| Tegaderm | 3M | Transparent film, each dressing | A6257-A6259 |
| Tegaderm HP Transparent Dressing | 3M | Transparent film, each dressing | A6257-A6259 |
| Tegaderm I.V. Transparent Dressing | 3M | Transparent film, each dressing | A6257-A6259 |
| Tegaderm I.V. Transparent Dressings (#1610 and #1655) | 3M | Transparent film, each dressing | A6257 |
| Tegaderm Plus #9524 | 3M | Transparent film, each dressing | A6257-A6259 |
| Tegaderm Transparent Dressing w/absorbent pad | 3M | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Tegagel Hydrogel Wound Filler | 3M | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Tegagel Hydrogel Wound Filler w/Gauze | 3M | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Tegagen HG Wound Cover | 3M | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Tegagen HG Wound Filler | 3M | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Tegagen HI Wound Cover | 3M | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|-------------------------------------------------|--------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Tegagen HI Wound Filler | 3M | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Tegapore | 3M | Contact layer, each dressing | A6206-A6208 |
| Tegasorb | 3M | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Tegasorb Hydrocolloid Dressing - Sacral Design | 3M | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | A6238 |
| Zinc Oxide Vanishing Cream | 3M | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Chronicure | ABS Life Sciences | Wound filler, not elsewhere classified | A6261-A6262 |
| Acu-derm | Acme United | Transparent film, each dressing | A6257-A6259 |
| Lyofam | Acme United | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Lyofam A | Acme United | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Lyofam C | Acme United | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Royl-derm | Acme United | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| AcryDerm | Acrymed | Hydrogel dressing, wound cover, without adhesive border, each dressing | A6242-A6244 |
| AcryDerm Absorbent Wound Strands | Acrymed | Wound filler, dry form, per gram, not elsewhere classified | A6262 |
| Medipore Adhesive Cover | Acrymed | Tape, non-waterproof, per 18 square inches | K0572 |
| CellerateRx (Gel) | Advanced Wound Care Inc. | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| CellerateRx (Powder) | Advanced Wound Care Inc. | Collagen based wound filler, dry form, per gram of collagen | A6010 |
| RepairRx (Gel) | Advanced Wound Care Inc. | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| RepairRx (Powder) | Advanced Wound Care Inc. | Collagen based wound filler, dry form, per gram of collagen | A6010 |
| Algicem Calcium Alginate Wound Dressing | Alpha Omega Wound Care Products | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| CollagEaloe Impregnated Hydrogel Wound Dressing | Alpha Omega Wound Care Products | Gauze, impregnated, water or normal saline, without adhesive border, each dressing | A6228-A6229 |
| Sabigel Impregnated Hydrogel Wound Dressing | Alpha Omega Wound Care Products | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6232 |
| Gauze Fluffs | American White Cross | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| AmeriDerm Wound Gel Dressing | Ameriderm Laboratories, Ltd. | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| AmeriDerm Wound Gel Spray Dressing | Ameriderm Laboratories, Ltd. | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Amerigel Wound Dressing/Ointment | Amerx | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| SNUGS Abdominal Wrap | Assurity Personal Healthcare Products, LLC | Abdominal dressing holder/binder, each | A4462 |
| SNUGS Arm Glove | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Cap | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Elbow Glove | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Face Oval | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Foot Glove | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Heel Glove | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Heel Glove with Foot Elevator | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous and Heel or elbow protector, each | A4649+E0191 |
| SNUGS Hip/Knee Holster | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Hood | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Hood (Pediatric) | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|---------------------------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| SNUGS IV Holder | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS IV Stabilizer | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Leg Glove | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Lower Leg Wrap | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Mastectomy Wrap | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Mastectomy Wrap with Strap | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Pants | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Sacral/Buttocks Wound Dressing Holder | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Scrotum Dressing Holder | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Thigh or Stump Holster | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Toe Stump Glove | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| SNUGS Under Arm Wrap | Assurity Personal Healthcare Products, LLC | Surgical supply; miscellaneous | A4649 |
| Bard Absorption Dressing Gel | Bard | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| Bard Absorption Dressing Dry | Bard | Wound filler, dry form, per gram, not elsewhere classified | A6262 |
| Biolex #5501B | Bard | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Biolex #5503B | Bard | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Biolex #5504B | Bard | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Biolex #5508B | Bard | Gauze, impregnated, hydrogel, for direct wound contact, pad size greater than 16 sq. in., but less than or equal to 48 sq. in., each dressing | A6232 |
| Vigilon Primary Wound Dressing | Bard | Hydrogel dressing, wound cover, each dressing | A6242-A6247 |
| Hydragran | Baxter | Wound filler, not elsewhere classified | A6261-A6262 |
| Hydrapad | Baxter | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Intact | Baxter | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Comprilan Low Stretch Bandage | Beiersdorf | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Cultiplast | Beiersdorf | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6221 |
| Cutifilm | Beiersdorf | Transparent film, each dressing | A6257-A6258 |
| Cutifilm Plus | Beiersdorf | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6221 |
| Cutinova Alginate Cover | Beiersdorf | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| Cutinova Alginate Filler | Beiersdorf | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Cutinova Cavity | Beiersdorf | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6210 |
| Cutinova Foam | Beiersdorf | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| Cutinova Gel | Beiersdorf | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Elastomull Elastic Gauze Nonsterile | Beiersdorf | Gauze, elastic, non-sterile, all types, per linear yard | A6263 |
| Leukotape P Combo Pack | Beiersdorf | Noncovered item or service | A9270 |
| Silon Dual-Dress (2525P) | Bio Med Sciences, Inc. | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6210 |
| Medifil Gel | Bio-Core | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|-------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------|-------------------|
| Medifil Pad | Bio-Core | Collagen dressing, pad size 16 sq. in. or less, each | A6021 |
| Medifil Particles | Bio-Core | Collagen based wound filler, dry form, per gram of collagen | A6010 |
| SkinTemp | Bio-Core | Collagen dressing, each | A6021, A6023 |
| EPI-DERM | Biodermis | Noncovered item or service | A9270 |
| A.R.D. Anoperineal Dressing | Birchwood Laboratories | Gauze, non-impregnated, non-sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6216 |
| Fuller Shield | Birchwood Laboratories | Noncovered item or service | A9270 |
| Transorb | Brady Medical Products | Hydrogel dressing, wound cover, each dressing | A6242-A6247 |
| Fybron Calcium Alginate Dressing (Wound Cover) | Braun | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| Fybron Calcium Alginate Dressing (Wound Filler) | Braun | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Hyfil Wound Gel | Braun | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Thinsite | Braun | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Transorbent Hydrogel Dressings | Braun | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| BGC Matrix | Brennen | Surgical supply; miscellaneous | A4649 |
| Dermafit | Brennen | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Elasinet | Brennen | Surgical supply; miscellaneous | A4649 |
| EZ Derm | Brennen | Surgical supply; miscellaneous | A4649 |
| Glucan II | Brennen | Surgical supply; miscellaneous | A4649 |
| GlucanPro Cream | Brennen | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| MacroPro Gel | Brennen | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Mediskin | Brennen | Surgical supply; miscellaneous | A4649 |
| NovaGel Silicone | Brennen | Silicone gel sheet, each | A6025 |
| Sterile Saline Solution Spray | Brennen | Wound cleansers, any type, any size | A6260 |
| Pin Care Kit | Brown Medical Industries | Noncovered item or service | A9270 |
| Epigard | Calgon Vestal | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Fortex | Calgon Vestal | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Hydrasorb | Calgon Vestal | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Kaltostat (Wound Cover) | Calgon Vestal | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Kaltostat (Wound Filler) | Calgon Vestal | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Pro-clude | Calgon Vestal | Transparent film, each dressing | A6257-A6259 |
| Carradres Hydrogel Sheet | Carrington | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6242 |
| Carrafilm Transparent Film Dressing | Carrington | Transparent film, each dressing | A6257-A6258 |
| CarraGauze Pads | Carrington | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Carraginate Dressing Wound Cover | Carrington | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| Carraginate Dressing Wound Filler | Carrington | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Carrasmart Film Dressing | Carrington | Transparent film, each dressing | A6257-A6258 |
| Carrasmart Foam | Carrington | Transparent film, each dressing | A6257-A6258 |
| Carrasmart Hydrocolloid Dressing | Carrington | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6235 |
| CarraSorb 12" Rope | Carrington | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| CarraSorb FDG | Carrington | Surgical supply; miscellaneous | A4649 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|--------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| CarraSorb H | Carrington | Alginate or other fiber gelling dressing, wound cover, pad size 16 sq. in. or less, each dressing | A6196 |
| CarraSorb M | Carrington | Surgical supply; miscellaneous | A4649 |
| Carrasyn V | Carrington | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Carrington Bordered Gauze | Carrington | Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | A6220 |
| Carrington Gel Wound Dressing | Carrington | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Carrington GelPad | Carrington | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6232 |
| Aqua Guard | ClearMedical, LLC | Noncovered item or service | A9270 |
| Comfeel Contour Dressing | Coloplast | Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing | A6237-A6239 |
| Comfeel Paste | Coloplast | Hydrocolloid dressing, wound filler, paste, per fluid ounce | A6240 |
| Comfeel Plus Clear Dressing | Coloplast | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Comfeel Plus Contour Dressing | Coloplast | Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing | A6237-A6239 |
| Comfeel Plus PRD | Coloplast | Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing | A6237-A6239 |
| Comfeel Plus Ulcer Dressing | Coloplast | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Comfeel Powder | Coloplast | Hydrocolloid dressing, wound filler, dry form, per gram | A6241 |
| Comfeel Pressure Relief Dressing | Coloplast | Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing | A6237-A6239 |
| Comfeel Seasorb Dressing (filler) | Coloplast | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Comfeel Seasorb Dressing (pad) | Coloplast | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Comfeel Transparent Hydrocolloid Dressing | Coloplast | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Comfeel Ulcer Care Dressing | Coloplast | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Sween-A-Peel | Coloplast | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Triad Hydrophilic Wound Dressing | Coloplast | Hydrocolloid dressing, wound filler, paste, per fluid ounce | A6240 |
| Wound'ress | Coloplast | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| ClearSite Hydrogauze Dressing | Conmed Corporation | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6232 |
| ClearSite TM (Transparent Membrane) - Non-Sterile | Conmed Corporation | Transparent film, each dressing | A6257-A6258 |
| ClearSite TM (Transparent Membrane) - Sterile | Conmed Corporation | Transparent film, each dressing | A6257-A6258 |
| Actiderm | Convatec | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Algiderm (cover) | Convatec | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Algiderm (filler) | Convatec | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Aquacel Hydrofiber Wound Dressing (Cover) | Convatec | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| Aquacel Hydrofiber Wound Dressing (Filler) | Convatec | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Aquacel-AG Hydrofiber Dressing with Silver (¾"x18") | Convatec | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Aquacel-AG Hydrofiber Dressing with Silver (2"x2", 4"x4", 6"x6", 8"x12") | Convatec | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| CarboFlex Dressing | Convatec | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| CombiDerm ACD | Convatec | Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing | A6237-A6239 |

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| Product | Manufacturer | Category | HCPCS Code |
|----------------------------------------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| CombiDerm Non-Adhesive Dressing | Convatec | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6235 |
| Dermasorb | Convatec | Alginate dressing, wound filler, per 6 inches | A6199 |
| Duoderm (cover) | Convatec | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Duoderm (filler) | Convatec | Hydrocolloid dressing, wound filler | A6240-A6241 |
| DuoDerm CGF Border Triangle Dressing | Convatec | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6237 |
| Duoderm Hydroactive Gel | Convatec | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| DuoDERM Signal | Convatec | Hydrocolloid dressing, wound cover, each dressing | A6237-A6238 |
| EpiVIEW | Convatec | Transparent film, each dressing | A6257-A6259 |
| Hyalofill F Biopolymeric Wound Dressing | Convatec | Surgical supply; miscellaneous | A4649 |
| Hyalofill R Biopolymeric Wound Dressing Ribbon | Convatec | Surgical supply; miscellaneous | A4649 |
| SafGel | Convatec | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| SignaDress Hydrocolloid Dressing | Convatec | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| SurePress High Compression Bandage | Convatec | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Wound Manager | Convatec | Wound pouch, each | A6154 |
| Oasis Wound Dressing Dry Sheet (Fenestrated and Non-fenestrated) | Cook | Collagen dressing, each | A6021-A6022 |
| Coversite Dressings | Cush | Composite dressing, with any size adhesive border, each dressing | A6203-A6204 |
| Protect-All Dressings | Cush | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6220 |
| Dale Post-Surgical Bra (Models H84107011, H84107021, H84107031, H84107041) | Dale Medical Products | Surgical supply; miscellaneous | A4649 |
| Dale Secondary Wound Dressings/ HOLDERS | Dale Medical Products | Surgical supply; miscellaneous | A4649 |
| Damor Cream | Damor | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Damor Cream-Gauze | Damor | Surgical supply; miscellaneous | A4649 |
| DermaCol | Derma Sciences | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6235 |
| DermaFilm | Derma Sciences | Transparent film, each dressing | A6257-A6258 |
| Dermagran Hydrogel | Derma Sciences | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Dermagran Hydrophylic B Dressing | Derma Sciences | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| Dermagran Hydrophylic Dressing | Derma Sciences | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Dermagran Ointment | Derma Sciences | Surgical supply; miscellaneous | A4649 |
| Dermagran Wet Dressing | Derma Sciences | Gauze, impregnated, water or normal saline, without adhesive border, each dressing | A6228-A6230 |
| Dermagran Wound Cleanser w/Zinc | Derma Sciences | Wound cleansers, any type, any size | A6260 |
| Dermagran Zinc Saline | Derma Sciences | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6223 |
| DermaSite | Derma Sciences | Transparent film, each dressing | A6257-A6258 |
| DermaStat (Wound Cover) | Derma Sciences | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| DermaStat (Wound Filler) | Derma Sciences | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| NutraCol | Derma Sciences | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6235 |
| NutraFill Gauze (SPD-21) | Derma Sciences | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size 16 sq. in. or less, without adhesive border, each dressing | A6222 |
| NutraStat (Wound Cover) | Derma Sciences | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |

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| Product | Manufacturer | Category | HCPCS Code |
|---------------------------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| NutraStat (Wound Filler) | Derma Sciences | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| DermaMend - 4 3/8" | Dermarx | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6210 |
| DermaMend- 2" | Dermarx | Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6209 |
| AquaGauze Hydrogel Impregnated Gauze Dressing | DeRoyal Wound Care | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6232 |
| Aquasorb | DeRoyal Wound Care | Hydrogel dressing, wound cover, each dressing | A6242-A6247 |
| Covaderm | DeRoyal Wound Care | Specialty absorptive dressing, wound cover, each dressing | A6251-A6256 |
| Covaderm Plus | DeRoyal Wound Care | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Dermanet | DeRoyal Wound Care | Contact layer, each dressing | A6206-A6208 |
| Episeal Wound Closure Strips | DeRoyal Wound Care | Tape, waterproof, per 18 square inches | K0573 |
| Kalginate | DeRoyal Wound Care | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| Kalginate 12" Rope | DeRoyal Wound Care | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Kalginate 6" Rope | DeRoyal Wound Care | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Multidex Gel | DeRoyal Wound Care | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| Multidex Powder | DeRoyal Wound Care | Wound filler, dry form, per gram, not elsewhere classified | A6262 |
| Multipad | DeRoyal Wound Care | Specialty absorptive dressing, wound cover, without adhesive border, each dressing | A6251-A6253 |
| Polyderm Border with Covaderm Tape Hydrophilic Polyurethane Foam Wound Dressing | DeRoyal Wound Care | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6212 |
| Polyderm Hydrophilic Polyurethane Foam Wound Dressing | DeRoyal Wound Care | Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6209 |
| Polyderm Plus Hydrophilic Polyurethane Foam Dressings | DeRoyal Wound Care | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6212 |
| Procol Hydrocolloid Wound Dressing | DeRoyal Wound Care | Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing | A6237-A6238 |
| Sof-sorb | DeRoyal Wound Care | Specialty absorptive dressing, wound cover, each dressing | A6251-A6256 |
| Stretch Net Tubular Elastic Bandages | DeRoyal Wound Care | Gauze, elastic, non-sterile, all types, per linear yard | A6263 |
| Stretch Net Tubular Elastic Bandages – Latex Safe | DeRoyal Wound Care | Gauze, elastic, non-sterile, all types, per linear yard | A6263 |
| Transeal | DeRoyal Wound Care | Transparent film, each dressing | A6257-A6259 |
| Ensure-It | Deseret | Transparent film, each dressing | A6257-A6259 |
| Biobrane II | Dow Hickam | Noncovered item or service | A9270 |
| Flexderm | Dow Hickam | Hydrogel dressing, wound cover, without adhesive border, each dressing | A6242-A6244 |
| Flexzan | Dow Hickam | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Granulex | Dow Hickam | Noncovered item or service | A9270 |
| Proderm | Dow Hickam | Noncovered item or service | A9270 |
| Sorbsan (Wound Cover) | Dow Hickam | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Sorbsan (Wound Filler) | Dow Hickam | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| PrimaCol Bordered Hydrocolloid Dressings | Dumex Medical | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| PrimaCol Hydrocolloid Dressings | Dumex Medical | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| PrimaCol Specialty Hydrocolloid Dressings | Dumex Medical | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| PrimaCol Thin Hydrocolloid Dressings | Dumex Medical | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |

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| Product | Manufacturer | Category | HCPCS Code |
|-----------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Elta Dermal Gel Filler | ELTA | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Tielle Plus Borderless Non-Adhesive Hydropolymer Dressing | Ethicon, Inc. (A Johnson & Johnson Company) | Specialty absorptive dressing, wound cover, pad size 16 square inches or less, without adhesive border, each dressing | A6251 |
| Tielle Plus Sacrum Hydropolymer Adhesive Dressing | Ethicon, Inc. (A Johnson & Johnson Company) | Specialty absorptive dressing, wound cover, pad size 16 square inches or less, with any size adhesive border, each dressing | A6254 |
| Polymem | Ferris Manufacturing Corp. | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Polymem Membrane Island Film Dressing (#3412) | Ferris Manufacturing Corp. | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | A6213 |
| Polymem PolyMax Membrane Pad Dressing (#5045) | Ferris Manufacturing Corp. | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6210 |
| Polymem PolyWic Cavity Wound Filler (#5712) | Ferris Manufacturing Corp. | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6210 |
| Polymem PolyWic Cavity Wound Filler (#5733) | Ferris Manufacturing Corp. | Foam dressing, wound filler, per gram | A6215 |
| Covertell | Gentell | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Dermatell | Gentell | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Gentell Comfortell (Formerly Covertell) | Gentell | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Gentell Hydrogel (filler) | Gentell | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Gentell Hydrogel Gauze | Gentell | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6233 |
| Gentell Isotonic Saline | Gentell | Gauze, impregnated, water or normal saline, without adhesive border, each dressing | A6228-A6230 |
| Calcium Alginate Pads | Genus Biomedical | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| Calcium Alginate Ribbon | Genus Biomedical | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Genus Bordered Gauze Dressing | Genus Biomedical | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6220 |
| Genus Hydrocolloid Pad Low Gel Thick Version | Genus Biomedical | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Genus Hydrocolloid Pad Low Gel Thin Version | Genus Biomedical | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Genus Hydrocolloid Pad Standard Gel | Genus Biomedical | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Medicell PVP Foam Pads | Genus Biomedical | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| Medicell PVP Foam Rolls | Genus Biomedical | Foam dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6211 |
| Medicell PVP HC Pads | Genus Biomedical | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| Topical Hydrogel Dressing | Genus Biomedical | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Curative Amorphous Hydrogel Dressing | Gericare | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Curative HydroGel Gauze Dressing | Gericare | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| GRX DermaDrox ointment | Geritrex | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| GRX DermaDrox Spray | Geritrex | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| GRX Hydrogel Occlusive Dressing | Geritrex | Hydrogel dressing, wound cover, each dressing | A6242-A6247 |
| GRX Hydrophor Gauze | Geritrex | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| GRX Saline Wet Dressing | Geritrex | Gauze, impregnated, water or normal saline, without adhesive border, each dressing | A6228-A6230 |
| Dermasol Hydrogel Dressing and Wound Filler | Global Biomedics Corporation | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Defend Transparent Dressing | Global Health Products, Inc. | Transparent film, each dressing | A6257-A6258 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|----------------------------------------------------------------------------|---------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------|
| Defend-Plus Island Dressing - Transparent Film Dressing with Absorbent Pad | Global Health Products, Inc. | Composite dressing, with any size adhesive border, each dressing | A6203-A6204 |
| Medifoam Island Dressing - Transparent Film Dressing with Absorbent Foam | Global Health Products, Inc. | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6212 |
| NoTear Hydrogel Wound Dressing | Global Health Products, Inc. | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Retane Island Dressing - Bordered Gauze Dressing with Absorbent Pad | Global Health Products, Inc. | Composite dressing, with any size adhesive border, each dressing | A6203-A6204 |
| AquaCare | Hartmann-Conco, Inc. | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6242 |
| AquaCare Plus | Hartmann-Conco, Inc. | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6242 |
| Hathback Adhesive Wound Dressing Protector with Reclosable Lid | Hathman Medical Products | Surgical supply; miscellaneous | A4649 |
| Curasol Gel | Healthpoint | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Restore | Hollister | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Wound Drainage Collector | Hollister | Wound pouch, each | A6154 |
| Hydroderm | Hydroderm | Transparent film, each dressing | A6257-A6259 |
| hyCure Gel | Hymed Group | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| hyCure Powder | Hymed Group | Wound filler, dry form, per gram, not elsewhere classified | A6262 |
| Hyperion Advanced Alginate Dressings (Wound Cover) | Hyperion Medical | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| Hyperion Advanced Alginate Dressings (Wound Filler) | Hyperion Medical | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Hyperion Advanced Dressing with Variable MTR | Hyperion Medical | Transparent film, each dressing | A6257-A6258 |
| Hyperion Advanced Film Dressing with Fixed MTR | Hyperion Medical | Transparent film, each dressing | A6257-A6258 |
| Hyperion Bordered Gauze | Hyperion Medical | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6220 |
| Hyperion Conforming Stretch Gauze Bandage | Hyperion Medical | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Hyperion Gauze Bandage | Hyperion Medical | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Hyperion hydrogel dressing | Hyperion Medical | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Hyperion Hydrophilic Impregnated Gauze | Hyperion Medical | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Iso-Gel hydrogel dressing | Hyperion Medical | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Iso-Gel Hydrophilic Impregnated Gauze | Hyperion Medical | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| QueGel Hydrophilic Impregnated Gauze3 | Hyperion Medical | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| QueGel Hydrophilic Wound Dressing3 | Hyperion Medical | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Snugs Tapeless Secondary Dressings | incare medical | Surgical supply; miscellaneous | A4649 |
| SproCAVITY | Innovative Technologies, Inc | Surgical supply; miscellaneous | A4649 |
| SpyroCOLLOID | Innovative Technologies, Inc | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| SpyroDERM Film | Innovative Technologies, Inc | Transparent film, each dressing | A6257-A6259 |
| SpyroFOAM | Innovative Technologies, Inc | Transparent film, each dressing | A6257-A6259 |
| SpyroGEL Hydrogel | Innovative Technologies, Inc | Transparent film, each dressing | A6257-A6259 |
| SpyroSORB Film/Foam | Innovative Technologies, Inc | Transparent film, each dressing | A6257-A6259 |
| Integra-Gel Hydrogel Wound Dressing (2" x 2", 4" x 4") | Integrity Medical Devices, Inc. | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Omiderm | ITG Labs | Contact layer, each dressing | A6206-A6208 |
| Adaptic | Johnson & Johnson | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Adaptic (roll) | Johnson & Johnson | Gauze, impregnated, other than water or normal saline, any width, per linear yard | A6266 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|--------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Adaptic PG Petrolatum Gauze Non-Adherent Dressing | Johnson & Johnson | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Adaptic X Xeroform Gauze Non-Adherent Dressing | Johnson & Johnson | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6223 |
| Band-Aid Island Dressing | Johnson & Johnson | Specialty absorptive dressing, wound cover | A6251-A6256 |
| Bioclusive | Johnson & Johnson | Transparent film, each dressing | A6257-A6259 |
| Biopatch | Johnson & Johnson | Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6209 |
| Debrisan | Johnson & Johnson | Wound cleansers, any type, any size | A6260 |
| Dermicel Hypo-Allergenic Cloth Tape | Johnson & Johnson | Tape, non-waterproof, per 18 square inches | K0572 |
| Dermicel Montgomery Straps | Johnson & Johnson | Abdominal dressing holder/binder, each | A4462 |
| Dermiform Hypo-Allergenic Knitted Tape | Johnson & Johnson | Tape, non-waterproof, per 18 square inches | K0572 |
| Dermiview Hypo-Allergenic Transparent Tape | Johnson & Johnson | Tape, non-waterproof, per 18 square inches | K0572 |
| Dyna-Flex Cohesive Compression Bandage | Johnson & Johnson | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Dyna-Flex Elastic Bandage | Johnson & Johnson | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Dyna-Flex Multiple Layer Compression System | Johnson & Johnson | Surgical supply; miscellaneous | A4649 |
| Elasticon Elastic Tape | Johnson & Johnson | Tape, non-waterproof, per 18 square inches | K0572 |
| Fibracol Collagen-Alginate Wound Dressing (cover) | Johnson & Johnson | Collagen dressing, each | A6021-A6022 |
| Fibracol Collagen-Alginate Wound Dressing (filler) | Johnson & Johnson | Collagen dressing wound filler, per 6 inches | A6024 |
| Fibracol Plus Collagen Wound Dressing with Alginate (cover) | Johnson & Johnson | Collagen dressing, each | A6021-A6022 |
| Fibracol Plus Collagen Wound Dressing with Alginate (filler) | Johnson & Johnson | Collagen dressing wound filler, per 6 inches | A6024 |
| J& J Cohering Bandage | Johnson & Johnson | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| J&J Eye Pads | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| J&J Gauze Sponges (Sterile) | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| J&J Non-Stick Pads | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| J&J Waterproof Tape | Johnson & Johnson | Tape, waterproof, per 18 square inches | K0573 |
| Kling Fluff Rolls (Non-Sterile) | Johnson & Johnson | Gauze, non-elastic, non-sterile, per linear yard | A6264 |
| Kling Fluff Rolls (Sterile) | Johnson & Johnson | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Kling Fluff Sponges | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing | A6403 |
| Mirasorb (Non-Sterile) | Johnson & Johnson | Gauze, non-impregnated | A6216-A6221 |
| Mirasorb (Sterile) | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| Nu-Brede | Johnson & Johnson | Gauze, non-impregnated, sterile, without adhesive border, each dressing | A6402-A6404 |
| Nu-Derm | Johnson & Johnson | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Nu-Gauze Packing Strips-Iodoform Saturated | Johnson & Johnson | Gauze, impregnated, other than water or normal saline, any width, per linear yard | A6266 |
| Nu-Gauze Packing Strips-plain | Johnson & Johnson | Gauze, elastic, sterile, all types, per linear yard | A6406 |
| Nu-Gauze Sponges (Non-Sterile) | Johnson & Johnson | Gauze, non-impregnated, non-sterile, without adhesive border, each dressing | A6216-A6221 |
| Nu-Gauze Sponges (Sterile) | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| Nu-Gel Collagen Wound Gel | Johnson & Johnson | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Nu-Gel Wound Dressing | Johnson & Johnson | Hydrogel dressing, wound cover, each dressing | A6242-A6247 |
| Prevacare Extra Protective Ointment | Johnson & Johnson | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|-------------------------------------------------------------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------|-------------------|
| Prevacare Moisturizing Cream | Johnson & Johnson | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Prevacare Personal Protective Ointment | Johnson & Johnson | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Prevacare Total Solution Skin Care Spray | Johnson & Johnson | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Promogran Wound Matrix Dressing | Johnson & Johnson | Collagen dressing, each dressing | A6021-A6022 |
| Release | Johnson & Johnson | Gauze, non-impregnated, non-sterile, without adhesive border, each dressing | A6216-A6221 |
| Release Non-adherent | Johnson & Johnson | Gauze, non-impregnated, sterile, without adhesive border, each dressing | A6402-A6403 |
| Sof-Band Bulky Bandage (Non-Sterile) | Johnson & Johnson | Gauze, non-elastic, non-sterile, per linear yard | A6264 |
| Sof-Band Bulky Bandage (Sterile) | Johnson & Johnson | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Sof-Foam Dressing | Johnson & Johnson | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6210 |
| Sof-Kling Conforming Bandage (Non-Sterile) | Johnson & Johnson | Gauze, non-elastic, non-sterile, per linear yard | A6264 |
| Sof-Kling Conforming Bandage (Sterile) | Johnson & Johnson | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Sof-wick (Non-Sterile) | Johnson & Johnson | Gauze, non-impregnated | A6216-A6221 |
| Sof-wick (Sterile) | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| Steri-Pad Gauze Pads | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| Surgicel | Johnson & Johnson | Noncovered item or service | A9270 |
| Surgi-Pad | Johnson & Johnson | Specialty absorptive dressing, wound cover | A6251-A6256 |
| Tielle | Johnson & Johnson | Foam dressing, wound cover, with any size adhesive border, each dressing | A6212-A6214 |
| Tielle Plus | Johnson & Johnson | Foam dressing, wound cover, with any size adhesive border, each dressing | A6212-A6214 |
| Topper Dressing Sponges (Non-Sterile) | Johnson & Johnson | Gauze, non-impregnated | A6216-A6221 |
| Topper Dressing Sponges (Sterile) | Johnson & Johnson | Gauze, non-impregnated, sterile, pad size 16 sq. in. or less, without adhesive border, each dressing | A6402 |
| Zonas Porous Tape | Johnson & Johnson | Tape, non-waterproof, per 18 square inches | K0572 |
| Conform | Kendall | Gauze, elastic, non-sterile, all types, per linear yard | A6263 |
| Curaderm | Kendall | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Curafil | Kendall | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Curafil Hydrogel Impregnated Gauze (2"x2", 4"x4", 1"x36", 8"x4") | Kendall | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6232 |
| Curafoam | Kendall | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| Curafoam Island Adhesive Bordered Foam Dressings (4"x4", 6"x6", 8"x8") | Kendall | Foam dressing, wound cover, with any size adhesive border, each dressing | A6212-A6213 |
| Curafoam Plus | Kendall | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| Curagel | Kendall | Hydrogel dressing, wound cover, each dressing | A6242-A6247 |
| Curasalt | Kendall | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Curasalt Sodium Chloride Packing Strip (1/2" x 5 yd.) | Kendall | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Curasorb (cover) | Kendall | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Curasorb (filler) | Kendall | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Curity Elastic Bandage | Kendall | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Curity Iodoform Packing Strips (1/4" x 5 yd., 1/2" x 5 yd., 1" x 5 yd., 2" x 5 yd.) | Kendall | Gauze, impregnated, other than water or normal saline, any width, per linear yard | A6266 |
| Curity Oil Emulsion Dressing | Kendall | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|-------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Curity Plain Packing Strips (1/4" x 5 yd., 1/2" x 5 yd., 1" x 5 yd., 2" x 5 yd.) | Kendall | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Curity Xeroform Dressing | Kendall | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Excillon | Kendall | Gauze, non-impregnated | A6216-A6221 |
| Flex-Wrap | Kendall | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| Hydrasorb Fenestrated Foam Dressing (3 5/8" x 3 1/8") | Kendall | Foam dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6209 |
| Hydrasorb Foam Dressings (4"x4", 4"x8", 6"x6", 8"x8") | Kendall | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| Kerlix A.M.D. Antimicrobial Large Roll | Kendall | Gauze, impregnated, other than water or normal saline, any width, per linear yard | A6266 |
| Kerlix A.M.D. Antimicrobial Super Sponge | Kendall | Gauze, impregnated with other than water, normal saline, or hydrogel, pad size more than 16 sq. in., but less than or equal to 48 sq. in., without adhesive border, each dressing | A6223 |
| Kerlix Lite Gauze Bandage | Kendall | Gauze, non-elastic, non-sterile, per linear yard | A6264 |
| Kerlix Zinc Saline | Kendall | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Polyskin II | Kendall | Transparent film, each dressing | A6257-A6259 |
| Polyskin M.R. Moisture Responsive Transparent Dressings (2"x2.75", 4"x4.75", 6"x8") | Kendall | Transparent film, each dressing | A6257-A6258 |
| Telfa | Kendall | Gauze, non-impregnated, non-sterile, without adhesive border, each dressing | A6216-A6218 |
| Telfa Island Dressing | Kendall | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6221 |
| Telfa Max | Kendall | Specialty absorptive dressing, wound cover, without adhesive border, each dressing | A6252-A6253 |
| Telfa Plus Island Dressing | Kendall | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Telfa Xtra | Kendall | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Tendersorb | Kendall | Specialty absorptive dressing, wound cover | A6251-A6256 |
| Tenderwrap | Kendall | Surgical supply; miscellaneous | A4649 |
| Ultec Pro | Kendall | Hydrocolloid dressing, wound cover, with any size adhesive border, each dressing | A6237-A6238 |
| Ultec Pro Alginate Hydrocolloid Dressings (4"x4", 6"x6", 8"x8") | Kendall | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Ventex absorptive | Kendall | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Ventex vented | Kendall | Contact layer, each dressing | A6206-A6208 |
| Versalon | Kendall | Gauze, non-impregnated | A6216-A6221 |
| COVERALL 5'n 1 Multi-Layered Wound Dressing | Kimberly-Clark | Composite dressing, with any size adhesive border, each dressing | A6203-A6204 |
| COVERALL Bordered Dressing | Kimberly-Clark | Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | A6220 |
| Iodoform Packing Strip | Kimberly-Clark | Gauze, impregnated, other than water or normal saline, any width, per linear yard | A6266 |
| Petrolatum Gauze Non-Adhering Dressing | Kimberly-Clark | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Plain Packing Strip | Kimberly-Clark | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Shur-Conform Oil Emulsion Non-Adhering Dressing | Kimberly-Clark | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6223 |
| Xeroform Petrolatum Dressing | Kimberly-Clark | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6223 |

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| Product | Manufacturer | Category | HCPCS Code |
|-----------------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Catrix | Lescardin | Wound filler, dry form, per gram, not elsewhere classified | A6262 |
| Repliderm | Lescardin | Wound filler, dry form, per gram, not elsewhere classified | A6262 |
| Calgitrol Plus Calcium Alginate Dressing | Magnus Bio-Medical Technologies, Inc. | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| Calgitrol Plus Calcium Alginate Dressing with Collagen | Magnus Bio-Medical Technologies, Inc. | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| MaRRayels LaFeet OTC Topical Ointment | MaRRayels LaFeet | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Spandage | Medi-Tech International | Surgical supply; miscellaneous | A4649 |
| Spand-Gel | Medi-Tech International | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Spand-Gel Hydrogel Gauze Dressing | Medi-Tech International | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Spand-Gel Primary Glycerin-Based Hydrogel Saturated Dressings (2x2 and 4x4) | Medi-Tech International | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Spand-Gel Sterile Occlusive Foam Dressing | Medi-Tech International | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6210 |
| Spand-Gel with Diamond Aloe Vera – Hydrogel Sterile Full-Face Masque | Medi-Tech International | Hydrogel dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6244 |
| Spand-Gel with Diamond Aloe Vera – Hydrogel Sterile Half-Face Masque | Medi-Tech International | Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6243 |
| Spand-Gel with Diamond Aloe Vera – Hydrogel Sterile Neck Wrap | Medi-Tech International | Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6243 |
| Spand-Gel with Diamond Aloe Vera – Primary Hydrogel Sterile 3x8 Sheet | Medi-Tech International | Hydrogel dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6243 |
| Spand-Gel with Diamond Aloe Vera – Primary Hydrogel Sterile 4x4 Sheet | Medi-Tech International | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6242 |
| Biafine | Medix Pharmaceuticals | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Derma-Gel Hydrogel Wafer | Medline | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6242 |
| ExuDerm | Medline | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| ExuDerm LP | Medline | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| ExuDerm RCD | Medline | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Exuderm Sacrum | Medline | Hydrocolloid dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | A6238 |
| Exuderm Ultra | Medline | Hydrocolloid dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6234 |
| Maxorb Hydrofiber Alginate Dressing Cover | Medline | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| Maxorb Hydrofiber Alginate Dressing Rope | Medline | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Medline Bordered Gauze | Medline | Gauze, non-impregnated, with any size adhesive border, each dressing | A6219-A6220 |
| Optifoam Adhesive Foam Island Dressing (MSC1044 & MSC1066) | Medline | Foam dressing, wound cover, with any size adhesive border, each dressing | A6212-A6213 |
| Optifoam Non-Adhesive Foam Dressing | Medline | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6210 |
| SkinTegrity Hydrogel | Medline | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| SkinTegrity Hydrogel Gauze | Medline | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6232 |
| StrataSorb | Medline | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Suresite | Medline | Transparent film, each dressing | A6257-A6258 |
| Suresite IV | Medline | Transparent film, each dressing | A6257-A6258 |

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Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| TenderWet Cavity System (TenderWet Absorbent Gel Wound Dressing Pad for Interactive Wet Treatment and TenderWet Ringer's Solution) | Medline | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6242 |
| TenderWet System (TenderWet Absorbent Gel Wound Dressing Pad for Interactive Wet Treatment and TenderWet Ringer's Solution) | Medline | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing | A6242 |
| Alldress | Molnlycke | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Hypergel | Molnlycke | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Mefilm Adhesive Polyurethane Film | Molnlycke | Transparent film, each dressing | A6257-A6259 |
| Mefix Dressing Fixation Fabric | Molnlycke | Tape, non-waterproof, per 18 square inches | K0572 |
| Melgisorb Calcium Alginate Dressing (Wound Cover) | Molnlycke | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Melgisorb Calcium Alginate Dressing (Wound Filler) | Molnlycke | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Mepilex Self-Adherent Absorbent Dressing | Molnlycke | Foam dressing, wound cover, with any size adhesive border, each dressing | A6212-A6214 |
| Mepitel | Molnlycke | Contact layer, each dressing | A6206-A6208 |
| Mepore # 570805 | Molnlycke | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6219 |
| Mepore # 670905 | Molnlycke | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6219 |
| Mepore # 671005 | Molnlycke | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6219 |
| Mepore # 671105 | Molnlycke | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6219 |
| Mepore # 671205 | Molnlycke | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6219 |
| Mepore # 671305 | Molnlycke | Gauze, non-impregnated, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | A6220 |
| Mesalt Pads | Molnlycke | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Mesalt Strips | Molnlycke | Gauze, impregnated, other than water or normal saline, any width, per linear yard | A6266 |
| Mestopore | Molnlycke | Specialty absorptive dressing, wound cover, pad size 16 square inches or less, with any size adhesive border, each dressing | A6254 |
| Mitraflex Plus | Molnlycke | Foam dressing, wound cover | A6209-A6214 |
| Mitraflex SC | Molnlycke | Foam dressing, wound cover | A6209-A6214 |
| Normlgel | Molnlycke | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Normlgel Saline Impregnated Gauze | Molnlycke | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6232 |
| ExcelGinate Sterile Non-Woven Calcium Alginate (Wound Cover) | MPM Medical, Inc. | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| ExcelGinate Sterile Non-Woven Calcium Alginate (Wound Filler) | MPM Medical, Inc. | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| MPM Gel Pad | MPM Medical, Inc. | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6233 |
| MPM Wet Saline Dressing | MPM Medical, Inc. | Gauze, impregnated, water or normal saline, without adhesive border, each dressing | A6228-A6230 |
| Multi-Layered Wound Dressing | MPM Medical, Inc. | Composite dressing, with any size adhesive border, each dressing | A6203-A6204 |
| Repel Wound Dressing | MPM Medical, Inc. | Composite dressing, with any size adhesive border, each dressing | A6203-A6204 |
| Woundgard (Sterile and Non-Sterile) | MPM Medical, Inc. | Specialty absorptive dressing, wound cover, with any size adhesive border, each dressing | A6254-A6255 |
| HydroFoam | O.R. Resources | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| HydroGel | O.R. Resources | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Iodoflex | Oclassen Pharmaceuticals | Wound filler, not elsewhere classified | A6261-A6262 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

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| Product | Manufacturer | Category | HCPCS Code |
|------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Iodosorb Gel | Oclassen Pharmaceuticals | Wound filler, gel/paste, per fluid ounce, not elsewhere classified | A6261 |
| Iodosorb Powder | Oclassen Pharmaceuticals | Wound filler, dry form, per gram, not elsewhere classified | A6262 |
| Selan Protective Cream | P.J. Noyes Company, Inc. | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Selan Protective Lotion | P.J. Noyes Company, Inc. | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Selan+ Zinc Oxide Barrier Cream | P.J. Noyes Company, Inc. | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| Selan+ Zinc Oxide Barrier Lotion | P.J. Noyes Company, Inc. | Skin sealants, protectants, moisturizers, ointments, any type, any size | A6250 |
| phytacare Alginate Hydrogel Wound Dressing | Phytatec Labs | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| OsmoCycte Pillow Wound Dressing | Procyte | Surgical supply; miscellaneous | A4649 |
| Procyte Transparent Film Dressing | Procyte | Transparent film, each dressing | A6257-A6259 |
| Epitech Foam Dressing | Rynel, Ltd. | Foam dressing, wound cover, each dressing | A6209-A6214 |
| SeptiCare | Sage Laboratories | Wound cleansers, any type, any size | A6260 |
| Blisterfilm | Sherwood | Transparent film, each dressing | A6257-A6259 |
| Dermacea Alginate Wound Dressing (Wound Cover) | Sherwood | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6198 |
| Dermacea Alginate Wound Dressing (Wound Filler) | Sherwood | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Dermacea Aquaflo Hydrogel Wound Dressing | Sherwood | Hydrogel dressing, wound cover, without adhesive border, each dressing | A6242-A6243 |
| Dermacea Ultec Thin Hydrocolloid | Sherwood | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Interpan | Sherwood | Surgical supply; miscellaneous | A4649 |
| Intersorb | Sherwood | Specialty absorptive dressing, wound cover | A6251-A6256 |
| Scarlet Red Ointment Dressing | Sherwood | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Ultec | Sherwood | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Vaseline Petrolatum Gauze | Sherwood | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Viasorb | Sherwood | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| Xeroflo | Sherwood | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Airstrip | Smith & Nephew, Inc. | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| AlgiSite M Calcium Alginate Wound Dressings (Wound Cover) | Smith & Nephew, Inc. | Alginate or other fiber gelling dressing, wound cover, each dressing | A6196-A6197 |
| AlgiSite M Calcium Alginate Wound Dressings (Wound Filler) | Smith & Nephew, Inc. | Alginate or other fiber gelling dressing, wound filler, per 6 inches | A6199 |
| Allevyn (cover) | Smith & Nephew, Inc. | Foam dressing, wound cover, each dressing | A6209-A6214 |
| Allevyn (filler) | Smith & Nephew, Inc. | Foam dressing, wound filler, per gram | A6215 |
| Allevyn Adhesive Dressings | Smith & Nephew, Inc. | Foam dressing, wound cover, with any size adhesive border, each dressing | A6212-A6214 |
| Allevyn Adhesive Sacrum (9" x 9") | Smith & Nephew, Inc. | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | A6213 |
| Allevyn Heel | Smith & Nephew, Inc. | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6210 |
| Allevyn Hydrocellular Foam Dressings | Smith & Nephew, Inc. | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| Allevyn Island Dressings | Smith & Nephew, Inc. | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6212 |
| Allevyn Island Sacral | Smith & Nephew, Inc. | Foam dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6212 |

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| Product | Manufacturer | Category | HCPCS Code |
|----------------------------------------------------------------------------|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Allevyn Sacrum | Smith & Nephew, Inc. | Foam dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., with any size adhesive border, each dressing | A6213 |
| Aquaphor Gauze Non-Adhering | Smith & Nephew, Inc. | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Cica-Care | Smith & Nephew, Inc. | Silicone gel sheet, each | A6025 |
| Conformant 2 Wound Veil (Sheets and Rolls) | Smith & Nephew, Inc. | Contact layer, each dressing | A6206-A6208 |
| CovRSite Dressing | Smith & Nephew, Inc. | Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6219 |
| CovRSite Plus Composite Dressing | Smith & Nephew, Inc. | Composite dressing, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6203 |
| Cutinova Hydro Hydrocolloid Dressing | Smith & Nephew, Inc. | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Cutinova Thin | Smith & Nephew, Inc. | Foam dressing, wound cover, without adhesive border, each dressing | A6209-A6211 |
| DRYNET Wound Veils (12" x 24", 36" x 36", 36" x 36" Supersoft) | Smith & Nephew, Inc. | Contact layer, more than 48 square inches, each dressing | A6208 |
| EXU-DRY Adult Buttocks Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Adult Face Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Adult Padded Neck Dressing with Bib, 6-Ply (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Adult Scalp Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Arm Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Arm Dressing with Shoulder Ties (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Breast Vest Large | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Elbow/Knee/Heel Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Incision Dressings (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 16 sq. in. but less than or equal to 48 sq. in., without adhesive border, each dressing | A6252 |
| EXU-DRY Infant Boot/Foot Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Infant Vest | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Large Boot/Foot Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Large Burn Jacket | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Large Burn Vest | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Large Padded Hand Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Leg Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |

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| Product | Manufacturer | Category | HCPCS Code |
|--------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------|-------------------|
| EXU-DRY Medium (Child) Boot/Foot Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Medium Burn Jacket | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Medium Burn Vest | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Medium Padded Hand Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Pad, Non-Permeable, Heavy Absorbency (24" x 36") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Pad, Non-Permeable, Medium Absorbency (24" x 38") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Pad, Non-Permeable, Moderate Absorbency (24" x 36") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Pad, Non-Permeable, Super Absorbency (24" x 36") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Pad, Permeable, Medium Absorbency (24" x 36") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Plus – Large Burn Vest Heavy | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Sheet, Crib, Permeable with Straps (20" x 28") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Sheet, Non-Permeable (36" x 72") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Sheet, Non-Permeable with Straps (36" x 72") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Sheet, Permeable with Straps (36" x 72") | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Slit Tube Dressings (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, without adhesive border, each dressing | A6251-A6252 |
| EXU-DRY Small (Child) Burn Jacket | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Small (Child) Burn Vest | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Small (Child) Padded Hand Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Small (Toddler) Boot/Foot Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Toddler Padded Hand Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Toddler Padded Scalp Dressing (with Anti-Shear Layer) | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Toddler Vest | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| EXU-DRY Wound Dressings (with Anti-Shear Layer), Full Absorbency | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, without adhesive border, each dressing | A6251-A6253 |
| EXU-DRY Wound Dressings (with Anti-Shear Layer), Medium Absorbency | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, without adhesive border, each dressing | A6251-A6253 |

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| Product | Manufacturer | Category | HCPCS Code |
|----------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------------------------------------|-------------------|
| EXU-DRY Wound Dressings (with Anti-Shear Layer), Triple Absorbency | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, pad size more than 48 sq. in., without adhesive border, each dressing | A6253 |
| FlexiGel Hydrogel Sheet Dressing | Smith & Nephew, Inc. | Hydrogel dressing, wound cover, without adhesive border, each dressing | A6242-A6243 |
| FlexiGel Island Dressing (4 x 4 3/4) | Smith & Nephew, Inc. | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6245 |
| FlexiGel Strands Absorbent Wound Filler | Smith & Nephew, Inc. | Wound filler, dry form, per gram, not elsewhere classified | A6262 |
| Hypafix Dressing Retention Sheets | Smith & Nephew, Inc. | Tape, waterproof, per 18 square inches | K0573 |
| Intrasite Gel | Smith & Nephew, Inc. | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| IntraSite Gel Applipak (8 gm., 15 gm., 25 gm.) | Smith & Nephew, Inc. | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Lymwrap Bandaging Kits | Smith & Nephew, Inc. | Surgical supply; miscellaneous | A4649 |
| OpSite | Smith & Nephew, Inc. | Transparent film, each dressing | A6257-A6259 |
| OpSite Flexifix | Smith & Nephew, Inc. | Transparent film, each dressing | A6257-A6259 |
| OpSite FLEXIGRID Transparent Adhesive Film Dressings | Smith & Nephew, Inc. | Transparent film, each dressing | A6257-A6258 |
| OpSite IV3000 High MVP Transparent Dressing - 1 Hand, Central | Smith & Nephew, Inc. | Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | A6258 |
| OpSite IV3000 High MVP Transparent Dressing - 1 Hand, Pediatric | Smith & Nephew, Inc. | Transparent film, 16 sq. in. or less, each dressing | A6257 |
| OpSite IV3000 High MVP Transparent Dressing - 1 Hand, Peripheral | Smith & Nephew, Inc. | Transparent film, 16 sq. in. or less, each dressing | A6257 |
| OpSite IV3000 High MVP Transparent Dressing - Tape Handles, Central | Smith & Nephew, Inc. | Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | A6258 |
| OpSite IV3000 High MVP Transparent Dressing - Tape Handles, Epidural | Smith & Nephew, Inc. | Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | A6258 |
| OpSite IV3000 High MVP Transparent Dressing - Window Frame, Central | Smith & Nephew, Inc. | Transparent film, more than 16 sq. in. but less than or equal to 48 sq. in., each dressing | A6258 |
| OpSite IV3000 High MVP Transparent Dressing - Window Frame, Peripheral | Smith & Nephew, Inc. | Transparent film, 16 sq. in. or less, each dressing | A6257 |
| OpSite Post-Op | Smith & Nephew, Inc. | Composite dressing, with any size adhesive border, each dressing | A6203-A6205 |
| OpSite Post-Op Composite Dressings | Smith & Nephew, Inc. | Composite dressing, with any size adhesive border, each dressing | A6203-A6204 |
| OpSite Transparent Adhesive Film Dressings | Smith & Nephew, Inc. | Transparent film, each dressing | A6257-A6259 |
| Primapore | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover | A6251-A6256 |
| Primapore IV Adhesive Dressing - Central | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, with any size adhesive border, each dressing | A6254-A6255 |
| Primapore IV Adhesive Dressing - Peripheral | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, with any size adhesive border, each dressing | A6254-A6255 |
| Primapore Specialty Absorbent Dressing | Smith & Nephew, Inc. | Specialty absorptive dressing, wound cover, with any size adhesive border, each dressing | A6254-A6255 |
| Profore | Smith & Nephew, Inc. | Surgical supply; miscellaneous | A4649 |
| Replicare (cover) | Smith & Nephew, Inc. | Hydrocolloid dressing, wound cover, each dressing | A6234-A6239 |
| Replicare (filler) | Smith & Nephew, Inc. | Hydrocolloid dressing, wound filler | A6240-A6241 |
| Replicare Hydrocolloid Wound Dressings | Smith & Nephew, Inc. | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Replicare Thin Hydrocolloid Wound Dressings | Smith & Nephew, Inc. | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Replicare Ultra Advanced Hydrocolloid Alginate Dressings (4x4, 6x6, 8x8, 7x8 - Sacrum) | Smith & Nephew, Inc. | Hydrocolloid dressing, wound cover, without adhesive border, each dressing | A6234-A6236 |
| Solo-Site wound gel | Smith & Nephew, Inc. | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| SoloSite Wound Gel Push-Button Applicator (2 oz., 7 oz.) | Smith & Nephew, Inc. | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| SoloSite Wound Gel Tube (3 oz.) | Smith & Nephew, Inc. | Hydrogel dressing, wound filler, gel, per fluid ounce | A6248 |
| Transigel Conformable Gel Dressing | Smith & Nephew, Inc. | Gauze, impregnated, hydrogel, for direct wound contact, pad size 16 sq. in. or less, each dressing | A6231 |
| Uniflex | Smith & Nephew, Inc. | Transparent film, each dressing | A6257-A6259 |

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| Product | Manufacturer | Category | HCPCS Code |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| UniFlex Transparent Dressings | Smith & Nephew, Inc. | Transparent film, each dressing | A6257-A6258 |
| Viscopaste PB7 Zinc Paste Bandage | Smith & Nephew, Inc. | Gauze, impregnated, other than water or normal saline, any width, per linear yard | A6266 |
| Elasto-Gel | Southwest Tech., Inc. | Hydrogel dressing, wound cover, each dressing | A6242-A6247 |
| Elasto-Gel Island Dressing | Southwest Tech., Inc. | Hydrogel dressing, wound cover, each dressing | A6245-A6247 |
| Elasto-Gel Plus | Southwest Tech., Inc. | Hydrogel dressing, wound cover, without adhesive border, each dressing | A6242-A6244 |
| Horseshoe Dressing | Southwest Tech., Inc. | Hydrogel dressing, wound cover, pad size more than 48 sq. in., with any size adhesive border, each dressing | A6247 |
| Toe-Aid | Southwest Tech., Inc. | Hydrogel dressing, wound cover, pad size 16 sq. in. or less, with any size adhesive border, each dressing | A6245 |
| Second Skin Moist Burn Pads | Spenco | Hydrogel dressing, wound cover, each dressing | A6242-A6247 |
| Stretch Foam Self-Adhering Bandage (4" x3' and 3" x 7') | Sun Glitz Corporation | Elastic bandage, per roll (e.g., compression bandage) | A4460 |
| orthoRAP-hipRAP | Sunmedica, Inc. | Surgical supply; miscellaneous | A4649 |
| Elta Dermal Impregnated Hydrogel Wound Dressing | Swiss-American Products | Gauze, impregnated, hydrogel, for direct wound contact, each dressing | A6231-A6233 |
| Tapeless Secondary Dressing | Tapeless Tech. Inc. | Surgical supply; miscellaneous | A4649 |
| Sparta Hypertonic Saline Dressing | Tecnol | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Sparta Iodoform Packing Strips | Tecnol | Gauze, non-elastic, sterile, all types, per linear yard | A6406 |
| Sparta Isotonic Saline Dressing | Tecnol | Gauze, impregnated, water or normal saline, without adhesive border, each dressing | A6228-A6230 |
| Sparta Oil Emulsion Dressing | Tecnol | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Sparta Plain Packing Strips | Tecnol | Gauze, non-elastic, non-sterile, per linear yard | A6264 |
| Sparta Sterile Water | Tecnol | Gauze, impregnated, water or normal saline, without adhesive border, each dressing | A6228-A6230 |
| Acticoat Antimicrobial Barrier Dressing | Westaim Biomedical, Inc. | Composite dressing, without adhesive border, each dressing | A6200-A6202 |
| BandNet – Chest/Gluteal Panty (Small – WM-102A, WM-102B, WM-102C) | Western Medical, Ltd. | Surgical supply; miscellaneous | A4649 |
| BandNet – Cranium Cap (WM-105A) | Western Medical, Ltd. | Surgical supply; miscellaneous | A4649 |
| BandNet – Full Head Cap (WM-105B) | Western Medical, Ltd. | Surgical supply; miscellaneous | A4649 |
| BandNet – Knee, Foot, Elbow, Hand (Medium – WM-108A, Large WM-108B) | Western Medical, Ltd. | Gauze, elastic, non-sterile, all types, per linear yard | A6263 |
| BandNet – Perineum/Rectal Panty, Large (WM-103B) | Western Medical, Ltd. | Surgical supply; miscellaneous | A4649 |
| BandNet Stress Test T-Shirts (Small-WM-113S, Medium-WM-113M, Large-WM-113L, X-Large-WM-113XL) | Western Medical, Ltd. | Surgical supply; miscellaneous | A4649 |
| BandNet Tubular Elastic Dressing Retainer, Non-Sterile, Pre-cut (WM-.504 - .5 x 4", WM-0106 – 1 x 6", WM-0524 – 5 x 24", WM-0624 – 6 x 24", WM-0718 – 7 x 18", WM-0830 – 8 x 30", WM-0924 – 9 x 24", WM-2224 – 22 x 24") | Western Medical, Ltd. | Gauze, elastic, non-sterile, all types, per linear yard | A6263 |
| Primer Modified Unna Boot (Models GL 300-1, GL 400-1, GL 300-1C, GL 400-1C) | Western Medical, Ltd. | Gauze, impregnated, other than water or normal saline, any width, per linear yard | A6266 |
| Primer Unna-Pak (Primer Modified Unna Boot and Co-Press Self-Adherent Bandage) (Models GL 200-3, GL 200-4) | Western Medical, Ltd. | Gauze, impregnated, other than water or normal saline, any width, per linear yard + Elastic bandage, per roll (e.g. compression bandage) | A6266+A4460 |
| Surgitube Tubular Gauze (GL-105W, GL-105F, GL-205W, GL-205F, GL-305W) | Western Medical, Ltd. | Gauze, elastic, non-sterile, all types, per linear yard | A6263 |
| System Four - Four Layer Bandage System (Model WM-SYS4) | Western Medical, Ltd. | Specialty absorptive dressing, wound cover, pad size 16 sq. in. or less, without adhesive border, each dressing (for the wound contact layer dressing) + Surgical supply miscellaneous (for Layer 1 - absorbent padding bandage) + Gauze, non-elastic, non-ster | A6251 + A4649 + A6264 + A4460 |

SURGICAL DRESSING PRODUCT CLASSIFICATION LIST

Appendix C

| Product | Manufacturer | Category | HCPCS Code |
|---------------------------------|---------------------|--------------------------------------------------------------------------------------------------------------|-------------------|
| Demassist Petrolatum Gauze | Wilshire | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Demassist Oil Emulsion Dressing | Wilshire | Gauze, impregnated with other than water, normal saline, or hydrogel, without adhesive border, each dressing | A6222-A6224 |
| Demassist Site Dressing | Wilshire | Transparent film, each dressing | A6257-A6259 |
| Demassist Wet Dressing | Wilshire | Gauze, impregnated, water or normal saline, without adhesive border, each dressing | A6228-A6230 |
| BreakAway | Winfield Labs, Inc. | Specialty absorptive dressing, wound cover, without adhesive border, each dressing | A6251-A6253 |
| N-terface | Winfield Labs, Inc. | Contact layer, each dressing | A6206-A6208 |
| XCell Cellulose Wound Dressing | Xylos Corporation | Hydrogel dressing, wound cover, without adhesive border, each dressing | A6242-A6243 |

ENTERAL NUTRITION PRODUCT CLASSIFICATION LIST

| Product Name | Manufacturer | Category | HCPCS Code |
|------------------------------------------------------------------------|---------------------------------------------------------------|----------|------------|
| Accupepha | Nutrica-NV-Verenigde | III | B4153 |
| Acerflex | SHS | IV | B4154 |
| Advera | Ross/Abbott Lab. | IV | B4154 |
| Alimentum Protein Hydrolysate Formula with Iron | Ross/Abbott Lab. | III | B4153 |
| Alitraq | Ross/Abbott Lab. | IV | B4154 |
| AminAid | McGraw | IV | B4154 |
| AMTF | Nyer Nutritional Systems | I | B4150 |
| AMTF Diabetic | Nyer Nutritional Systems | I | B4150 |
| AMTF High Cal 2.0 | Nyer Nutritional Systems | II | B4152 |
| AMTF High Protein | Nyer Nutritional Systems | I | B4150 |
| AMTF Pediatric | Nyer Nutritional Systems | I | B4150 |
| AMTF Pulmonary | Nyer Nutritional Systems | II | B4152 |
| AMTF Renal | Nyer Nutritional Systems | IV | B4154 |
| AMTF Renal 2.0 | Nyer Nutritional Systems | II | B4152 |
| AMTF Trauma | Nyer Nutritional Systems | IV | B4154 |
| <u>ANALOG FORMULAS</u> | SHS | IV | B4154 |
| Analog XP | | | |
| Analog MSUD | | | |
| Analog XPHEN, TYR | | | |
| Analog XPTM | | | |
| Analog XMTVI | | | |
| Analog XMET | | | |
| Analog XLYS, TRY | | | |
| Analog XLEU | | | |
| AgriMent | National Nutrition Inc. | V | B4155 |
| Balanced- The Total Nutritional Drink (Instant Meal Replacement Drink) | American Natural Snacks | I | B4150 |
| Balanced- The Total Nutritional Drink (Ready to Drink Meal) | American Natural Snacks | I | B4150 |
| Boost | Mead Johnson | I | B4150 |
| Boost Breeze | Mead Johnson | V | B4155 |
| Boost High Protein | Mead Johnson | I | B4150 |
| Boost Plus | Mead Johnson | II | B4152 |
| Boost with Fiber | Mead Johnson | I | B4150 |
| Calcilo XD | Ross/Abbott Lab. | IV | B4154 |
| Casec | Mead Johnson | V | B4155 |
| Choice DM | Mead Johnson | IV | B4154 |
| Citrotein | Novartis Nutrition | IV | B4154 |
| Compleat-B | Novartis Nutrition | I | B4151 |
| Compleat-B Modified | Novartis Nutrition | I | B4151 |
| Complete Pediatric | Novartis Nutrition | I | B4151 |
| Comply | Mead Johnson | II | B4152 |
| Criticare HN | Mead Johnson | III | B4153 |
| Crucial Complete Elemental Diet | Nestle Clinical Nutrition | III | B4153 |
| Cyclinex-1 | Ross/Abbott Lab. | III | B4153 |
| Cyclinex-2 | Ross/Abbott Lab. | III | B4153 |
| Deliver 2.0 | Mead Johnson | II | B4152 |
| Diabetisource | Novartis Nutrition | IV | B4154 |
| Diabetisource AC | Novartis Nutrition | IV | B4154 |
| Duocal (Super Soluble) | SHS | V | B4155 |
| Egg/Pro Powder | Nutra/Balance | V | B4155 |
| EleCare | Ross/Abbott Lab. | III | B4153 |
| Elementra | Clintec | V | B4155 |
| EMF (Enzymatic Modular Food) | Medical Nutrition, Inc. (A Division of Gender Sciences, Inc.) | V | B4155 |
| Enfamil | Mead Johnson | I | B4150 |
| Enfamil A.R. | Mead Johnson | I | B4150 |
| Enfamil EnfaCare | Mead Johnson | I | B4150 |
| Enfamil Kindercal TF | Mead Johnson | I | B4150 |

ENTERAL NUTRITION PRODUCT CLASSIFICATION LIST

| Product Name | Manufacturer | Category | HCPCS Code |
|----------------------------------------|---------------------------------|----------|------------|
| Enfamil LactoFree | Mead Johnson | I | B4150 |
| Ensure | Ross/Abbott Lab. | I | B4150 |
| Ensure Fiber with FOS | Ross/Abbott Lab. | I | B4150 |
| Ensure HN | Ross/Abbott Lab. | I | B4150 |
| Ensure HP | Ross/Abbott Lab. | I | B4150 |
| Ensure Plus | Ross/Abbott Lab. | II | B4152 |
| Ensure Plus HN | Ross/Abbott Lab. | II | B4152 |
| Ensure Plus HN Ready-to-Hang | Ross/Abbott Lab. | II | B4152 |
| Ensure Powder | Ross/Abbott Lab. | I | B4150 |
| Ensure with Fiber | Ross/Abbott Lab. | I | B4150 |
| Entera | Fresenius Medical | I | B4150 |
| Entera Isotonic | Fresenius Medical | I | B4150 |
| Entera Isotonic Fiber | Fresenius Medical | I | B4150 |
| Entera OPD | Smash-Fresenius | IV | B4154 |
| Enteralife HN | Corpac | I | B4150 |
| Enteralife HN Fiber | Corpac | I | B4150 |
| Enteralife HN-2 | Corpac | I | B4150 |
| Entrition 1.5 | Nestle Clinical Nutrition | II | B4152 |
| Entrition HN | Nestle Clinical Nutrition | I | B4150 |
| EPULOR | VistaPharm | V | B4155 |
| Essential ProPlus | NutriSOY | V | B4155 |
| Essential Protein | NutriSOY | V | B4155 |
| F.A.A. (Free Amino Acid Diet) | Nestle Clinical Nutrition | III | B4153 |
| Fiber 7 | ND Labs, Inc. | | A9270 |
| Fiberlan | Elan/Hechems | I | B4150 |
| Fibersource | Novartis Nutrition | I | B4150 |
| Fibersource HN | Novartis Nutrition | I | B4150 |
| Fibrad | Ross/Abbott Lab. | V | B4155 |
| Fortison | Nutrica-NV-Verenigde | I | B4150 |
| Fulfil | Fresenius Medical | IV | B4154 |
| Glucerna | Ross/Abbott Lab. | IV | B4154 |
| Gluco-Pro | GalaGen, Inc. | IV | B4154 |
| Glutamine Enriched Antioxidant Formula | Cambridge Nutraceuticals | | A9270 |
| Glutamine Immune Deficiency Formula | Cambridge Nutraceuticals | | A9270 |
| Glutamine Unsweetened Regular | Cambridge Nutraceuticals | | A9270 |
| Glutarex-1 | Ross/Abbott Lab. | III | B4153 |
| Glutarex-2 | Ross/Abbott Lab. | III | B4153 |
| Glutasorb | Hormel Health Labs | III | B4153 |
| Glytrol | Clintec | I | B4150 |
| Hearty Balance | Elan/Hechems | I | B4150 |
| Hepatic-Aid | McGraw | IV | B4154 |
| Hi ProCal | Diamond Crystal Specialty Foods | V | B4155 |
| Hominex-1 | Ross/Abbott Lab. | III | B4153 |
| Hominex-2 | Ross/Abbott Lab. | III | B4153 |
| Immun-Aid | McGraw | IV | B4154 |
| Immunocal | Immunotec Research | V | B4155 |
| Impact | Novartis Nutrition | IV | B4154 |
| Impact 1.5 | Novartis Nutrition | IV | B4154 |
| IMPACT Glutamine | Novartis Nutrition | III | B4153 |
| Impact with Fiber | Novartis Nutrition | IV | B4154 |
| IntensiCal Ready-to-Hang | Mead Johnson | III | B4153 |
| Intralite | Ross/Abbott Lab. | I | B4150 |
| Isocal | Mead Johnson | I | B4150 |
| Isocal HN | Mead Johnson | I | B4150 |
| Isocal HN Plus | Mead Johnson | I | B4150 |
| Isocal II | Mead Johnson | I | B4150 |
| Isofiber | Fresenius Medical | I | B4150 |
| Isolan | Elan/Hechems | I | B4150 |

ENTERAL NUTRITION PRODUCT CLASSIFICATION LIST

| Product Name | Manufacturer | Category | HCPCS Code |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------|------------|
| Isomil | Ross/Abbott Lab. | I | B4150 |
| Isosource | Novartis Nutrition | I | B4150 |
| Isosource 1.5 | Novartis Nutrition | II | B4152 |
| Isosource HN | Novartis Nutrition | I | B4150 |
| Isosource VHN | Novartis Nutrition | IV | B4154 |
| Isotein | Novartis Nutrition | III | B4153 |
| Isotera Isotonic | Fresenius Medical | II | B4152 |
| I-Valex-1 | Ross/Abbott Lab. | III | B4153 |
| I-Valex-2 | Ross/Abbott Lab. | IV | B4154 |
| Jevity | Ross/Abbott Lab. | I | B4150 |
| Jevity Plus | Ross/Abbott Lab. | I | B4150 |
| Jevity RTH | Ross/Abbott Lab. | I | B4150 |
| Juven with HMB | MTI BioTech, Inc. | | A9270 |
| KetoCal | SHS | I | B4151 |
| Ketonex-1 | Ross/Abbott Lab. | III | B4153 |
| Ketonex-2 | Ross/Abbott Lab. | III | B4153 |
| Kindercal | Mead Johnson | I | B4150 |
| L-Emental | Hormel Health Labs | III | B4153 |
| L-Emental Hepatic | Hormel Health Labs | IV | B4154 |
| L-Emental Pediatric | Hormel Health Labs | III | B4153 |
| L-Emental Plus | Nutrition Medical | IV | B4154 |
| Lipisorb | Mead Johnson | IV | B4154 |
| Magnacal | Mead Johnson | II | B4152 |
| Magnacal Renal | Mead Johnson | IV | B4154 |
| Maxamaid Formulas XP Maxamaid MSUD Maxamaid XPHEN, TYR Maxamaid XMTVI Maxamaid XMET Maxamaid XLYS, TRY Maxamaid XLEU Maxamaid | SHS | IV | B4154 |
| Maxamum Formulas XP Maxamum MSUD Maxamum XMTVI Maxamum XMET Maxamum XLYS, TRY Maxamum XLEU Maxamum | SHS | IV | B4154 |
| MCT Oil | Mead Johnson | V | B4155 |
| Med Pass 2.0 | Diamond Crystal Specialty Foods | | A9270 |
| Med Plus 2.0 | Diamond Crystal Specialty Foods | | A9270 |
| Meritene | Sandoz | I | B4150 |
| Microlipid | Mead Johnson | V | B4155 |
| Moducal | Mead Johnson | V | B4155 |
| Modulen IBD | Nestle Clinical Nutrition | IV | B4154 |
| Naturite | UniSource | I | B4150 |
| Naturite Plus | UniSource | II | B4152 |
| Neocate Infant Formula | SHS | III | B4153 |
| Neocate Junior | SHS | III | B4153 |
| Neocate One + Liquid | SHS | III | B4153 |
| Neocate One + Powder | SHS | III | B4153 |
| Nepro | Ross/Abbott Lab. | IV | B4154 |
| Nestle Additions Calorie and Protein Food Enhancer | Nestle Clinical Nutrition | V | B4155 |
| Nestle VHC 2.25 Complete Very High Calorie Liquid Nutrition | Nestle Clinical Nutrition | II | B4152 |
| Newtrition (Flavors) | Elan | I | B4150 |
| Newtrition 1.5 | Elan | II | B4152 |

ENTERAL NUTRITION PRODUCT CLASSIFICATION LIST

| Product Name | Manufacturer | Category | HCPCS Code |
|---------------------------------------------------|-------------------------------|----------|------------|
| Newtrition HN | Elan | I | B4150 |
| Newtrition Isofiber | Elan | I | B4150 |
| Newtrition Isotonic | Elan | I | B4150 |
| Nitrolan (Nitro-Pro) | Hormel Health Labs | I | B4150 |
| Nitro-Pro (Nitrolan) | Hormel Health Labs | I | B4150 |
| Novasource 2.0 | Novartis Nutrition | II | B4152 |
| NovaSource Pulmonary | Novartis Nutrition | II | B4152 |
| Novasource Renal | Novartis Nutrition | IV | B4154 |
| NuBasics | Nestle Clinical Nutrition | I | B4150 |
| NuBasics 2.0 Complete | Nestle Clinical Nutrition | II | B4152 |
| NuBasics Plus | Nestle Clinical Nutrition | II | B4152 |
| NuBasics VHP | Nestle Clinical Nutrition | I | B4150 |
| NuBasics with Fiber | Nestle Clinical Nutrition | I | B4150 |
| Nutramigen | Mead Johnson | I | B4150 |
| Nutramine | Calwood Nutritionals Inc. | | A9270 |
| Nutramine T | Calwood Nutritionals Inc. | | A9270 |
| Nutrapak | | I | B4150 |
| Nutren 1.0 | Clintec | I | B4150 |
| Nutren 1.0 with Fiber | Clintec | I | B4150 |
| Nutren 1.5 | Clintec | II | B4152 |
| Nutren 2.0 | Clintec | II | B4152 |
| Nutren Junior | Clintec | I | B4150 |
| Nutren Junior with Fiber | Clintec | I | B4150 |
| Nutren VHP | Clintec | I | B4150 |
| NutriAssist 1.5 | Chronimed | II | B4152 |
| Nutri-Drink | Furman Foods | I | B4150 |
| Nurti-Drink Plus | Furman Foods | II | B4152 |
| Nutiflavor | Nyer Nutritional Sys. | | A9270 |
| NutriHep | Clintec | IV | B4154 |
| Nutrilan | Clintec | I | B4150 |
| NutriMod Protein Supplement | Go2 Pharmacy, Inc. | V | B4155 |
| NutriRenal | Nestle Clinical Nutrition | IV | B4154 |
| Nutrition | Nutrition Medical | I | B4150 |
| Nutrition Plus | Nutrition Medical | II | B4152 |
| Nutrivent | Clintec | IV | B4154 |
| Optimental | Ross/Abbott Lab. | III | B4153 |
| Original New Orleans Smoothee | ONOS Company | | A9270 |
| Osmolite | Ross/Abbott Lab. | I | B4150 |
| Osmolite HN | Ross/Abbott Lab. | I | B4150 |
| Osmolite HN Plus | Ross/Abbott Lab. | I | B4150 |
| Oxepa | Ross/Abbott Lab. | IV | B4154 |
| Pediasure Enteral Formula | Ross/Abbott Lab. | I | B4151 |
| Pedisure with Fiber Enteral Formula | Ross/Abbott Lab. | I | B4151 |
| Pepdite One + | SHS | III | B4153 |
| Peptamen | Clintec | IV | B4154 |
| Peptamen 1.5 | Nestle Clinical Nutrition | III | B4153 |
| Peptamen Complete Elemental Diet with FOS/Insulin | Nestle Clinical Nutrition | III | B4153 |
| Peptamin Junior | Clintec | IV | B4154 |
| Peptamen VHP | Clintec | IV | B4154 |
| Peptical | Chronimed | III | B4153 |
| Perative | Ross/Abbott Lab. | IV | B4154 |
| Periflex | SHS | IV | B4154 |
| Phenex-1 | Ross/Abbott Lab. | III | B4153 |
| Phenex-2 | Ross/Abbott Lab. | III | B4153 |
| Phenex-2, Vanilla | Ross/Abbott Lab. | III | B4153 |
| PhenylAde Amino Acid Bar | Applied Nutrition Corporation | | A9270 |
| PhenylAde MTE Amino Acid Blend | Applied Nutrition Corporation | V | B4155 |

ENTERAL NUTRITION PRODUCT CLASSIFICATION LIST

| Product Name | Manufacturer | Category | HCPCS Code |
|---------------------------------------------|---------------------------------------------------------------|----------|------------|
| Phenyl-Free 2 | Mead Johnson | IV | B4154 |
| Phenyl-Free 2HP | Mead Johnson | IV | B4154 |
| Phlexy-10 Bars | SHS | | A9270 |
| Phlexy-10 Capsules | SHS | | A9270 |
| Phlexy-10 Drink Mix | SHS | V | B4155 |
| Phlexy-Vits | SHS | | A9270 |
| PKU-Gel | Vitaflor Limited | | A9270 |
| Polycose | Ross/Abbott Lab. | V | B4155 |
| Portagen | Mead Johnson | I | B4150 |
| Precision HN | Novartis Nutrition | III | B4153 |
| Precision Isotera | Novartis Nutrition | III | B4153 |
| Precision LR Powder | Novartis Nutrition | VI | B4156 |
| Pregestimil | Mead Johnson | IV | B4154 |
| ProBalance | Clintec | I | B4150 |
| Procare | National Nutrition | V | B4155 |
| ProCell Protein Supplement | Global Unlimited | V | B4155 |
| Promix | Corpak | V | B4155 |
| ProMod | Ross/Abbott Lab. | V | B4155 |
| Promote | Ross/Abbott Lab. | I | B4150 |
| Promote with Fiber | Ross/Abbott Lab. | I | B4150 |
| Propac Plus | Sherwood Medical | V | B4155 |
| ProPass Protein Supplement | Hormel Health Labs | V | B4155 |
| Pro-Peptide | Hormel Health Labs | IV | B4154 |
| Pro-Peptide for Kids | Hormel Health Labs | IV | B4154 |
| Pro-Petide VHN | Hormel Health Labs | IV | B4154 |
| Pro-Phree | Ross/Abbott Lab. | V | B4155 |
| Propimex-1 | Ross/Abbott Lab. | III | B4153 |
| Propimex-2 | Ross/Abbott Lab. | III | B4153 |
| ProSobee | Mead Johnson | I | B4151 |
| ProSource Protein Supplement | National Nutrition Inc. | V | B4155 |
| Pro-Stat | Medical Nutrition, Inc. (A Division of Gender Sciences, Inc.) | V | B4155 |
| ProSure | Ross/Abbott Lab. | V | B4155 |
| Protain XL | Mead Johnson | IV | B4154 |
| ProtoRand Nutritional Supplement | Randall, Inc. | | A9270 |
| Provide | Fresenius Medical | IV | B4154 |
| ProViMin | Ross/Abbott Lab. | V | B4155 |
| Pulmocare | Ross/Abbott Lab. | IV | B4154 |
| RCF (Ross Carbohydrate Free) | Ross/Abbott Lab. | V | B4155 |
| Reabilan | Clintec | III | B4153 |
| Reabilan HN | Clintec | IV | B4154 |
| Renalcal | Clintec | IV | B4154 |
| Replete | Clintec | IV | B4154 |
| Replete with Fiber | Clintec | IV | B4154 |
| Resource Fruit Beverage | Sandoz | | A9270 |
| ReSource Arginaid | Novartis Nutrition | V | B4155 |
| Resource Benefiber | Novartis Nutrition | | A9270 |
| Resource Beneprotein Instant Protein Powder | Novartis Nutrition | V | B4155 |
| Resource Diabetic | Sandoz | I | B4150 |
| Resource for Kids | Sandoz | I | B4150 |
| ReSource GlutaSolve | Novartis Nutrition | V | B4155 |
| ReSource Instant Protein Powder | Novartis Nutrition | V | B4155 |
| ReSource Just For Kids with Fiber | Novartis Nutrition | I | B4150 |
| ReSource Plus | Sandoz | II | B4152 |
| Respalor | Mead Johnson | II | B4152 |
| Restore-X | Cambridge Nutraceuticals | V | B4155 |
| Resurgex | Millennium Biotechnologies, Inc. | V | B4155 |
| SandoSource Peptide | Sandoz | IV | B4154 |

ENTERAL NUTRITION PRODUCT CLASSIFICATION LIST

| Product Name | Manufacturer | Category | HCPCS Code |
|-----------------------------------|---------------------------------|----------|------------|
| Similac Neosure | Ross/Abbott Lab. | I | B4150 |
| Similac PM 60/40 | Ross/Abbott Lab. | IV | B4154 |
| Similac with Iron | Ross/Abbott Lab. | I | B4150 |
| SLD (Surgical Liquid Diet) | Ross/Abbott Lab. | IV | B4154 |
| SoyPro | ND Labs | V | B4155 |
| Stresstein | Sandoz | IV | B4154 |
| Subdue | Mead Johnson | III | B4153 |
| Subdue Plus | Mead Johnson | III | B4153 |
| Subdue Ready-to-Hang | Mead Johnson | III | B4153 |
| Sumacal | Sherwood Medical | V | B4155 |
| Suplena (Replena) | Ross/Abbott Lab. | IV | B4154 |
| Susta II | Mead Johnson | I | B4150 |
| Sustacal | Mead Johnson | I | B4150 |
| Sustacal Basic | Mead Johnson | I | B4150 |
| Sustacal Fiber | Mead Johnson | I | B4150 |
| Sustacal HC | Mead Johnson | II | B4152 |
| Sustacal Plus | Mead Johnson | II | B4152 |
| Sysco Classic Lactose Free ProCal | Diamond Crystal Specialty Foods | V | B4155 |
| Tarvil | SHS North America | IV | B4154 |
| Tolerex | Sandoz | VI | B4156 |
| Traumacal | Mead Johnson | IV | B4154 |
| Travasorb Hepatic | Clintec | IV | B4154 |
| Travasorb HN | Clintec | III | B4153 |
| Travasorb MCT | Clintec | IV | B4154 |
| Travasorb Renal | Clintec | IV | B4154 |
| Travasorb STD Powder | Clintec | VI | B4156 |
| Twocal HN | Ross/Abbott Lab. | II | B4152 |
| Tyrex-1 | Ross/Abbott Lab. | III | B4153 |
| Tyrex-2 | Ross/Abbott Lab. | III | B4153 |
| Ultracal | Mead Johnson | I | B4150 |
| Ultracal HN Plus | Mead Johnson | I | B4150 |
| Ultralan | Elan/Hechems | II | B4152 |
| UpCal D | Global Health Products, Inc. | V | B4155 |
| Vital HN | Ross/Abbott Lab. | III | B4153 |
| VitaMent | National Nutrition Inc. | | A9270 |
| Vivonex HN | Sandoz | III | B4153 |
| Vivonex Pediatric | Sandoz | III | B4153 |
| Vivonex Plus | Sandoz | IV | B4154 |
| Vivonex RTF (Ready-to-Feed) | Novartis Nutrition | III | B4153 |
| Vivonex STD Powder | Sandoz | VI | B4156 |
| Vivonex T.E.N. | Sandoz | IV | B4154 |

Prior Authorization Request
PO Box 30
Denver CO 80201-0030

Fiscal Agent for
MEDICAID
ACS
Medical Review Department

303-534-0279
1-800-237-7647
Fax: 303-534-0439

QUESTIONNAIRE #1 HOSPITAL BED

Client Name: _____

Medicaid Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

How many hours per day is this client in bed? _____

What type of bed/mattress does this client presently use? Why doesn't it meet this client's needs? _____

What other alternatives have been tried? _____

What type of bed is necessary to meet the client's needs? _____

If request is for a semi or fully electric hospital bed, explain why a manual hospital bed will not provide for this client's needs:

Can the client work the controls of an electric bed independently? Yes No

Can the client change positions independently? Yes No

Is a caregiver available to assist this client in changing position? Yes No

If so, how many hours per day? _____

Is the caregiver at risk for injury? _____

List client's approximate current height and weight: _____

Please supply any additional information that will assist us in determining **medical necessity** for your request:

Physician Signature: _____ Date: _____

PLEASE PHOTOCOPY THIS BLANK FORM AS NEEDED

Prior Authorization Request
PO Box 30
Denver CO 80201-0030

Fiscal Agent for
MEDICAID
ACS
Medical Review Department

303-534-0279
1-800-237-7647
Fax: 303-534-0439

QUESTIONNAIRE #2
PRESSURE RELIEF MATTRESS

Client Name _____

Medicaid Client ID# _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

What other alternatives have been tried? _____

What type of mattress is necessary to meet the client's needs? _____

How many hours per day is this client in bed? _____

Does this client have a history of skin breakdown? Yes No If yes, explain: _____

Does client currently have skin breakdown? Yes No If yes, explain level and location: _____

Level 1 _____

Level 2 _____

Level 3 _____

Level 4 _____

For what length of time is this mattress necessary? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #3
LIFT

Client Name: _____

Medicaid Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

What type of lift is necessary to meet the client's needs?

Will the client be confined to bed without the use of a lift?

If requested lift is electric, indicate why the electric is necessary, as opposed to a manual lift: _____

What other alternatives have been tried? _____

Indicate client's approximate height, weight, and age: _____

List any specific weaknesses and/or impairments of the client: _____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

Does this client's condition require the assistance of more than one caregiver to transfer between bed, chair, wheelchair, or commode?
 Yes No

Indicate caregiver's approximate height, weight, and age: _____

To what degree can this client assist the caregiver with transfers? _____

Can this client ambulate? _____ If yes, how far and with what degree of assistance? _____

How long will this client require the lift? _____

Who will operate this lift? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #4
SEAT LIFT

Client Name: _____

Medicaid Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es):

Does the client have one of the following conditions?

- Severe arthritis of the knee
- Severe arthritis of the hip
- Neuromuscular disease
- Other

Does the client live alone? Yes No

Is the seat lift mechanism intended to effect improvement or arrest or retard deterioration in the client's condition?

- Effect improvement
- Arrest the client's condition
- Retard deterioration

Is the client completely incapable of standing from any chair in the home? _____

Once standing can the client ambulate independently? _____

What other alternatives have been tried? _____

What is the client currently using? _____

Why isn't this meeting the client's needs? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #5
BLOOD PRESSURE UNIT/MONITOR

Client Name: _____

Medicaid Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

Indicate the dates and the latest three blood pressure readings of the client: _____

How frequently does the blood pressure need to be monitored? _____

What medication(s) is the client on? _____

If ordering an automatic monitor, please explain why a manual monitor will not meet the client's needs: _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #6
PULSE OXIMETER

Client Name: _____

Medicaid Client ID#: _____

Generally, a physician should be able to assess whether a client's medical condition necessitates the continued use of a pulse oximeter beyond the initial 3-month monitoring period. Medical necessity must be documented for the continued use of a pulse oximeter after this period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Client's age: _____

Provide the dates and readings for one month of pulse oximetry:

Are pulse ox readings being taken on a daily basis? _____ If yes, how many times per day? _____

What type of treatment is done when client desaturates? _____

Is client on continuous oxygen? Yes No Is client using oxygen intermittently? Yes No

If so, how many liters per minute: _____

How long will client need routine oximetry? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #7 APNEA MONITOR

Client Name: _____

Medicaid Client ID#: _____

Generally, a physician should be able to assess whether a client's medical condition necessitates the continued use of an apnea monitor beyond the initial 6-month monitoring period. Medical necessity must be documented for the continued use of an apnea monitor after this period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis (es): _____

Client's age: _____ How frequently have apneic episodes occurred? _____

Dates: _____

Is apnea monitoring continuous? _____ At night only? _____ During feedings? _____

List all documented apneic episodes during the initial 6-month monitoring period: _____

Has client been hospitalized due to apneic episodes or related diagnosis? _____

If yes, what dates? _____

Is client on continuous oxygen? Yes No Is client using oxygen intermittently? Yes No

If so, how many liters per minute: _____

How long will client need apnea monitoring? _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #8
CPAP/BIPAP

Client Name: _____

Medicaid Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

Send a written sleep study report with written results for CPAP. _____

If BIPAP is utilized for sleep apnea, has a sleep study been done? Yes No

If yes, please include written results of study.

Supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #9

TENS OR NMES (TRANSCUTANEOUS OR NEUROMUSCULAR ELECTRICAL NERVE STIMULATOR)

Client Name: _____

Medicaid Client ID#: _____

Transcutaneous or neuromuscular electrical nerve stimulation (TENS or NMES) is an acceptable treatment modality for some types of chronic intractable pain. Generally, a physician should be able to assess whether or not a client is likely to derive a significant therapeutic benefit from continuous use of a TENS or NMES unit within a trial period of 2 months. Medical necessity must be documented for continued use of TENS or NMES beyond the initial 2-month trial period.

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

During the trial period, did the TENS or NMES:

- A. Produce no relief? B. Produce greater discomfort than the original pain? C. Significantly alleviate pain?

List any used or prescribed analgesics (drug/dose/route/frequency) *prior* to using TENS or NMES:

Identify any of the above medications that were reduced in dosage/frequency as a result of the use of TENS or NMES: _____

Identify any of the above medications that were discontinued as a result of the use of TENS or NMES: _____

What was the degree of range of motion or mobility prior to initiation of treatment? _____

Did the client's range of motion or mobility improve as a result of using a TENS or NMES? _____ If yes, describe: _____

Do you feel your client derived significant therapeutic benefits to warrant continued (long term) use of a nerve stimulator? _____

Provision of a TENS unit is considered the final alternative in pain management. Comment on the following alternative treatments for this client and, if appropriate, the clinical results of each. This information is **required** to establish medical necessity. **Failure to respond fully will result in denial of your request.**

| | |
|------------------|-------|
| A. Traction | _____ |
| B. Trigger point | _____ |
| C. Surgery | _____ |
| D. Drugs | _____ |

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #10
ORAL AND ENTERAL NUTRITION FORMULAE

Client Name: _____

Medicaid Client ID#: _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

Relevant Diagnosis(es): _____

Client's height: _____ Client's current weight: _____ Client's ideal body weight: _____

What brand name(s) of formula are requested to meet the client's need? _____

Number of calories this formula will provide for the client *per day*: _____

Is the requested formula a supplement or the sole source of nutrition? _____

How is formula given? Oral Enteral

Does this client have difficulty with chewing/swallowing? _____ If yes, describe: _____

If therapeutic intent of this formula is to serve as a protein supplement, indicate most recent serum albumin level: _____

Please supply any additional information that will assist us in determining **medical necessity** for this request: _____

Physician Signature: _____ Date: _____

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QUESTIONNAIRE #11**ADULT ORTHOTICS AND PROSTHETICS**

This form must accompany all prior authorization requests, and may be completed by the physical therapist, prosthetist, or other medical professional familiar with the O/P needs of the client.

Client's Name: _____ Medicaid Client ID#: _____

Name and title of person completing this form: _____

General information questions:

1. Why does the client require this equipment? (be specific, include diagnosis, co-morbidities, brief history, current condition, etc.)

2. If the client previously lacked this equipment, what medical repercussions has the client experienced in the past 12 months? (check all that apply)

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Increased disability | <input type="checkbox"/> Physician assessment |
| <input type="checkbox"/> Loss of independence | <input type="checkbox"/> Disability related hospitalizations |
| <input type="checkbox"/> Lack of rehabilitation | <input type="checkbox"/> Related ER care required |
| <input type="checkbox"/> Continuing pain/discomfort/increased use of medication | <input type="checkbox"/> Use of other DME support function; specify type: _____ |
| <input type="checkbox"/> Surgery | |

3. In the next year, if the equipment is supplied, what medical events and costs can be avoided? (check all that apply)

| | |
|---------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> Surgery (CPT code) _____ | <input type="checkbox"/> Continuing use of durable medical equipment named in #2 above |
| <input type="checkbox"/> Medication reduction | |
| <input type="checkbox"/> Hospitalizations | <input type="checkbox"/> Other, Describe: _____ |
| <input type="checkbox"/> Physician assessment | |

4. What change in the client's condition do you anticipate if the equipment is supplied?

| | |
|----------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Problem correction | <input type="checkbox"/> Prevention of associated problems |
| <input type="checkbox"/> Problem alleviation | <input type="checkbox"/> Potential of avoiding surgery with use of orthotic or prosthetic |

Questions specific to prostheses:

5. Functional level as defined by Medicare. Circle one.

Level 0 Level 1 Level 2 Level 3 Level 4

6. What is the client's height? _____ Weight? _____

7. Is this a replacement? Yes No If this is a replacement, in what year was the current O/P issued? _____

If this is a new prosthesis, when was the amputation/surgery performed? Month _____ Year _____

Questions specific to orthosis:

8. Is the orthosis pre-manufactured/custom fitted? _____ Custom fabricated? _____

9. What is the reason a pre-manufactured device is not appropriate? _____

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QUESTIONNAIRE # 12
WOUND CLOSURE THERAPY

Client Name: _____ **Medicaid Client ID#:** _____

The information requested below is required in order to determine medical necessity. If you have questions related to this Questionnaire or PAR, please contact the Medical Review Department at the phone numbers listed above. After you have completed this form, mail it with the completed Prior Authorization Request (PAR) to the address listed above. Thank you for your cooperation.

1. Wound description, including: location, stage, size, depth, any tunneling, etc. _____

2. Previous wound treatment: _____

Length of time: _____ Severe coexisting chronic illness Yes No

If yes, describe illness: _____

3. Does client have a history of skin break down Yes No If yes, explain and include treatment history _____

4. Does the client use a pressure-reducing surface: Yes No

If yes, please describe: _____

5. If the client has an albumin level less than 3 mg/dl, please list the albumin level and describe the type of nutritional support that the client is receiving or requires. (Normal range: greater than 3mg/dl) _____

6. Is the client's wound free of necrotic infection: Yes No

If the wound has recently been debrided, identify the type and date of debridement.

Surgical Chemical Physical Autolytic

Date: _____ Date: _____ Date: _____ Date: _____

7. Is the client's wound free of infection: Yes No

If the wound is infected, identify the wound treatment, including dosage, frequency, route, and duration of any medications.

8. Will the client's overall health status, including nutritional status, affect wound healing: Yes No

Describe all medical conditions that might affect wound healing. Address incontinence if pertinent, and what is being done to decrease the contamination of the wound. _____

9. Name of family member/friend/caregiver who has been trained to provide the service: _____ **Training date:** _____

10. If the care provider does not see measurable improvement after four weeks, the physician will assess the client. The physician will determine the appropriateness of the continued use of Wound Closure Therapy. If there is measurable improvement, the physician will assess the client for the appropriateness of continued use of this therapy every 62 days (when the new Plan of Care is prepared). If Wound Closure Therapy is not reordered with the plan of care, Medicaid will not be responsible for payment, even if an open PAR still exists.

11. Physician's signature: _____ **Date:** _____

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QUESTIONNAIRE #13

AUGMENTATIVE COMMUNICATION DEVICE

This form, a speech and language evaluation, and an evaluation of the client's ability to utilize the requested device effectively must accompany all Prior Authorization Requests (PAR). The questionnaire may be completed by a speech therapist or other medical professional familiar with the medical communication needs of the client. The two evaluations must be completed by a speech therapist. If the questionnaire is not fully completed, or the evaluations are not submitted, the PAR will be denied.

Client's name _____ Medicaid Client ID # _____

1. Why does the client require this device? Please specify related diagnoses, including ICD-9 code(s), co-morbidity, brief history, current condition, etc _____

2. Is the client capable of intelligible speech? Yes No

3. Is lack of speech permanent or temporary? Permanent Temporary

Is improvement expected? Yes No

If so, how soon? _____

4. Is client able to communicate in writing? Yes No

5. Using a scale of 1(lowest) to 5 (highest), rate the client's motivation to use an augmentative communication device: _____

6. Using a scale of 1(lowest) to 5 (highest), rate the client's ability to express thoughts _____

Comments _____

7. Using a scale of 1(lowest) to 5 (highest), rate the client's ability to use the system and memorize necessary codes _____

Comments _____

8. Has the client had a course of speech therapy? Yes No

Using a scale of 1(lowest) to 5 (highest), rate the client's progress in the area of expressive language _____

Comments _____

Name and title of person completing this form _____

Address _____ Telephone # _____

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QUESTIONNAIRE # 14
MECHANICAL HIGH FREQUENCY CHEST WALL OSCILLATION

Date: _____

Medical center information:
 Address: _____

Prescribing physician:
 Name: _____
 Phone number: _____

Client information:
 Name: _____
 Address: _____

 Birth date: _____

Medicaid Client ID #: _____
 Date: _____
 Height: _____
 Weight: _____
 Age: _____

Has client received ThAIRapy Vest treatment in the past? Yes No
 If yes, how recently was treatment given (in months)? Current 1-6 months ago More than 6 months ago
 For how long? _____ If treatments were discontinued, why? _____

Most recent pulmonary function tests results
 Date: _____ Check if additional information is included.
 FVC (L): _____ / _____ % FEV1 (L): _____ / _____ % FEF25-75 (L/sec): _____ / _____ %

Medications (in past 6 months)

| Inhaled | Dosage | Days | Other (excluding antibiotics) | Dosage | Days |
|-----------------------------------------|--------|-------|-------------------------------|--------|-------|
| <input type="checkbox"/> Intal | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Albuterol | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Pulmozyme | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Mucomist | _____ | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Corticosteroid | _____ | _____ | _____ | _____ | _____ |

| Antibiotic (excluding home IV therapy) | Dosage | Days | Home IV therapy | | | | |
|----------------------------------------|--------|-------|-----------------|------------|--------|---------------|-------|
| _____ | _____ | _____ | Date | Medication | Dosage | Circle one | Days |
| _____ | _____ | _____ | _____ | _____ | _____ | Q BID TID QID | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | Q BID TID QID | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | Q BID TID QID | _____ |

Check if additional information is included.

Hospitalization history (in the past 6 months or 6 months prior to ThAIRapy Vest treatment for clients currently using system):
 Admit date: _____ Discharge date: _____ Reason: _____
 Admit date: _____ Discharge date: _____ Reason: _____

Check if additional information is included.

| Manual percussion therapy (in past 6 mos) | Flutter therapy (in past 6 mos) | Other mechanical therapy (in past 6 mos) |
|--------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|
| Times per day prescribed/required: _____ For how long? _____ | Times per day prescribed/required: _____ For how long? _____ | Times per day prescribed/required: _____ For how long? _____ |
| Primary caregiver: _____ | Primary caregiver: _____ | Primary caregiver: _____ |
| Results/Comments: _____ | Results/Comments: _____ | Results/Comments: _____ |

How would ThAIRapy Vest promote or allow greater independence? _____

Does client have any of the following conditions?

| | | | |
|-----------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------|----------------------------------------------------------|
| Suspected pulmonary tuberculosis | <input type="checkbox"/> Yes <input type="checkbox"/> No | Lung contusion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Complaint of chest wall pain | <input type="checkbox"/> Yes <input type="checkbox"/> No | Subcutaneous emphysema | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Head &/or neck injury which is not yet stabilized | <input type="checkbox"/> Yes <input type="checkbox"/> No | Active hemorrhage with hemodynamic instability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recent epidural spinal infusion or spinal anesthesia | <input type="checkbox"/> Yes <input type="checkbox"/> No | Recent skin grafts, or flaps on the thorax | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Recently placed transvenous pacemaker or subcutaneous pacemaker | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Summary of health status (including severity and frequency of bronchitis):

 Physician signature Date